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098337**AFFIDAVIT**

STATE OF INDIANA

) SS:

COUNTY OF LAKEBENNETT S. WHEELER

(Affiant) being first duly sworn upon
 (his/her) oath, does state that Affiant is the agent for THELMA S. WHEELER
 ("Principal") under a Power of Attorney dated April, 1990 and recorded _____, 1990.
 as instrument number _____, in Lake County, Indiana.

That said Power of Attorney appoints Affiant with authority to perform certain acts involving the affairs of the aforementioned Principal.

That Affiant does not have any actual or constructive knowledge of the death of the Principal herein or of the revocation or termination of the above referenced Power of Attorney.

That Affiant makes this affidavit to induce _____ to accept the Power of Attorney and rely upon it and this affidavit to accept the acts of the agent (Affiant) with the same force and effect as though the Principal were personally present and acting for himself/herself.

Document is**NOT OFFICIAL!**

This Document is the property of Bennett S. Wheeler (Seal)
 the Lake County Recorder!

BENNETT S. WHEELER

(Printed)

STATE OF INDIANA

) SS:

COUNTY OF LAKE**STOP**

Before me, a Notary Public, in and for said County and State, personally appeared BENNETT,

S. WHEELER

who, having been duly

sworn upon (his/her) oath, stated that the above representations are true. Witness my hand and seal, this 30 day of April, 1990.



Notary Public

My Commission Expires: 20 - 93Residing in Lake

Indiana

County,

MAY 2 1990

This Instrument prepared by Jerome L. Ezell

Attorney at Law

 ROBERT R. REED
 RECORDER
 LAKE COUNTY

 STATE OF INDIANA, S. NO.
 LAKE COUNTY
 FILED FOR RECORD
FILED

MAY 2 1990

James R. Anton
 NOTARY LAKE COUNTY
000143
200

GENERAL DURABLE POWER OF ATTORNEY

I, THELMA S. WHEELER

, of Lake

County, State

of Indiana, being at least 18 years of age and mentally competent, do hereby designate BENNETT S. WHEELER, of Lake, County, State of Indiana; as my true and lawful attorney-in-fact:

II. Powers:

- The above-named attorney-in-fact shall have the following powers:
- To make, draw and indorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;
 - To make and execute any and all contracts;
 - To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;
 - To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;
 - To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same;
 - To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;
 - To bargain for, contract concerning, buy, sell, encumber and in any way and manner deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation or support;
 - To execute instruments to effect the transfer of title to any motor vehicle owned by me;
 - To maintain, purchase, surrender, relinquish, release, make changes in, or borrow against, partially or fully, liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;
 - To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded);
 - To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or any local government unit and to prepare, sign and file any documents or forms that may be required in these matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

III. Effective date: (delete inapplicable provision)

(A) This Power of Attorney shall become effective on the _____ day of April, 1990, and shall not be affected by my subsequent disability or incompetence.

OR

~~(A) This Power of Attorney shall become effective on the _____ day of April, 1990, and shall not be affected by my subsequent disability or incompetence.~~

III. Termination: (delete inapplicable provisions)

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

(A) I have executed and recorded in the Recorder's Office of the County of my domicile a written revocation hereof.

~~(B) The day of _____, 19_____.~~

~~(C) _____.~~

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IV. Guardianship: (optional)

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint BENNETT S. WHEELER to serve as guardian.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30 day of April,
1990.

The Thelma S. Wheeler

THELMA S. WHEELER

(printed)

STATE OF INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared THELMA S. WHEELER, who acknowledged the execution of the foregoing General Power of Attorney.

WITNESS my hand and Notarial seal this 30 day of April, 1990.

Thelma S. Wheeler
Document is

Notary Public

Commission Expires 6-20-93 Residing in Lake, County,

This Document is the property of
the Lake County Recorder!

This instrument prepared by Jerome L. Ezell

, Attorney at Law.

STOP
PHYSICIAN'S CERTIFICATE (optional)
Based on examination or previous relationship, I hereby certify that I saw THELMA S. WHEELER on April 1, 1990,

and that in my opinion (he/she) was, at the time, of sound mind and capable of understanding and handling his/her business affairs.

Date: April 1, 1990

(Physician's Signature)

Mary E. Mendus

(printed)

308 E. Commercial Av. Lowell, IN

Address

(219) 696-8200

Phone No.

CEMETERY DELIVERANCE WOMEN ON VILLAGE MEET