

100586

Power of Attorney

FILED
MAY 15 2 06 PM '90
ROBERT RUST, SEAL
RECORDER

Know All Men by These Presents, That I, IRIS RUST, of Crown Point, Indiana,

have made, constituted and appointed, and by these presents do make, constitute and appoint Robert Rust, my son or ^{***} my true and lawful Attorney for ^{me} in the alternative, Gene Rust, my son ^{and in} my name, place and stead

to do all or any of the following acts:
To draw and indorse checks; to draw, accept and indorse bills of exchange; to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments; to receive and to demand all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to execute instruments necessary for the transfer of personal property of any kind or nature whatsoever; to sell, convey, lease, grant an option to purchase, or otherwise transfer real estate for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease contract and any other document(s) in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in any and all real estate in which I now hold, or may hereafter acquire, an interest; to sell, lease, maintain, insure, license and re-license any motor vehicle or mobile home which I may own or in which I may have an interest, and to execute and deliver any instruments required so to do; to execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States, any political subdivision thereof or any foreign government, and to pay such taxes; to examine and request copies of any tax returns heretofore or hereafter filed by me or for and in my behalf.

SEE EXHIBIT "A", attached hereto and made a part of this instrument.

~~***~~This Power of Attorney shall not be affected by the incompetence of the principal. It is my intent that this power endure even if I should become mentally or physically incompetent, it being my intention that this instrument constitute a durable power of attorney under the Indiana Uniform Durable Power of Attorney act. All other persons, firms and banks and corporation to whom this instrument may be delivered may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation.

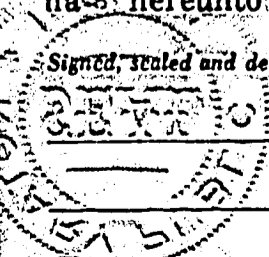


Gene N. Anton
AUDITOR LAKE COUNTY

I give and grant unto my ~~giving and granting unto~~ as stated above said Attorney/full power to do every act necessary to be done about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ^{Robert Rust} said Attorney/or in the alternative, Gene Rust substitute shall lawfully do or cause to be done by virtue thereof. SEE *** ABOVE

In Witness Whereof, The said IRIS RUST has hereunto set her hand and seal this 8th day of May 1990.

Signed, sealed and delivered in presence of



Iris Rust (SEAL)
Iris Rust

(SEAL)

317-50-8154 (SEAL)
Social Security Number

This instrument prepared by: *Gene Rust*

STATE OF INDIANA, : LAKE County, ss:

100000



Before me, the undersigned, a Notary Public in and for said County, this 8th day of May 1990, came

IRIS RUST

and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal:

Donna Sue Lutnick Notary Public

My Commission expires 11-18-92 County of Residence: Lake



POWER OF ATTORNEY

FROM TO

Received for record this

day of 19

at o'clock m, and recorded

Record

No Page

Recorder County

Fee, \$

CENTRAL LEGAL PARK INC. PO BOX 31 PLYMOUTH BEACH FL 33449

EXHIBIT "A"

ALSO, to enter me into any hospital or nursing home; to authorize any medical care required for my health, whether it be medical doctors, specialists, internists, nurses, or any other person or use of equipment required for my physical or mental health, or to authorize or refuse to authorize any prescriptions, drugs, or other medication, and in general to make health care decisions for me if and when I am unable to make my own health care decisions, including the power to consent to giving, withholding or stopping any health care, treatment, service or diagnostic procedure and to talk with health care personnel, get information, and sign forms necessary to carry out those decisions.

