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Ruman Clemente Fobin  
526 Holman ave  
Hmd 46320

11-7092-9

CD-508826

**DURABLE GENERAL POWER OF ATTORNEY AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE BY: MARIE ERIKS**

91022241

I, MARIE ERIKS, HEREBY APPOINT ANN MARY ELZINGA whose address is 625 Colfax, Griffith, Indiana 46319, as my attorney-in-fact to do any lawful act for me in my name.

**ILLUSTRATIONS AND SPECIFIC GRANTS.** By way of illustration only, and not intending any limitation, I specifically grant to my attorney-in-fact the POWER TO:

1. (A) Buy, receive, lease, accept, or otherwise acquire any property. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character). (B) Sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber any property. (C) Contract or agree for the acquisition, disposition, or encumbrance of any property.

2. (A) Take, hold, possess, invest, lease, let, or otherwise manage my property. (B) Eject, remove, or relieve tenants, holders, or others of possession of my property. (C) Maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve my property. (D) Enter safety deposit boxes and remove or deposit items.

3. Transact any kind of business, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

4. Make, endorse, accept, receive, sign, seal, execute, acknowledge and deliver deeds, assignments, agreements, certificates, mortgage, security agreements, hypothecations, checks, notes, bonds, vouchers, receipts, and other instruments.

5. Deposit or withdraw in either my name, the attorney's name, or jointly in both names, funds, negotiable paper, credit, rights, or money that may come into the attorney's hands or that may be on deposit for me.

6. Sell, lease, maintain, insure, license, and re-license, any motor vehicle which I may own or in which I may have an interest and to execute and deliver any instruments required to do so.

7. Institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

8. Act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

9. (A) Prepare, execute, and file income, gift, estate, or other tax returns, real estate and personal property tax documents and applications for exemptions, and other governmental reports, applications, requests, and documents. (B) Negotiate, compromise, and settle any tax disputes. (C) Pay any amount determined to be due. (D) Appeal determinations of value assessments and taxes due. (E) Represent me in every way I could represent myself in all tax matters.

10. Disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

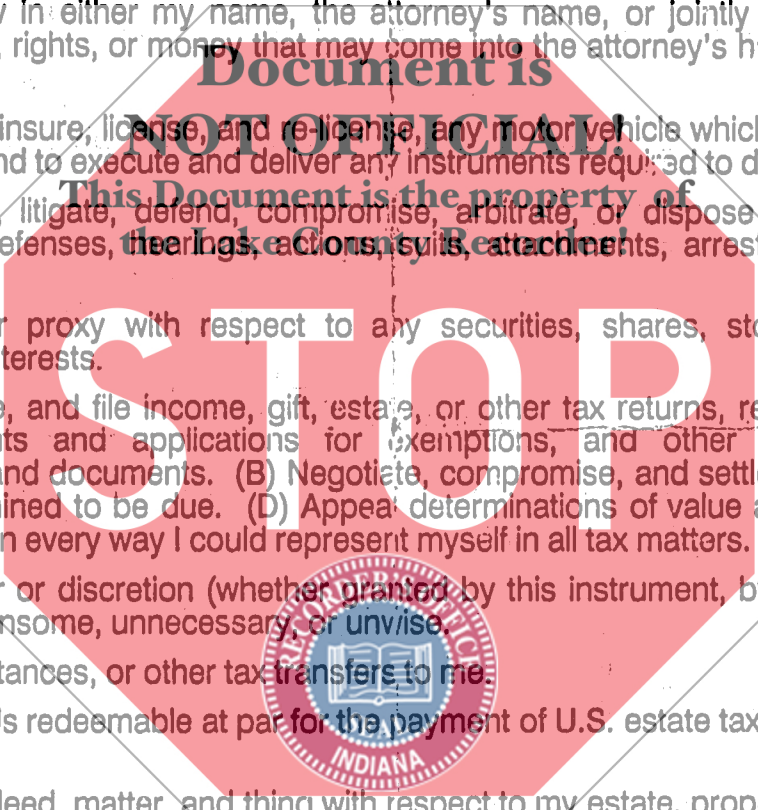
11. Disclaim gifts, inheritances, or other tax transfers to me.

12. Purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases

13. Perform every act, deed, matter, and thing with respect to my estate, property and affairs fully and effectually as I might if personally present and acting.

14. Perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, inter alia, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents.

15. Serve as my health care representative in the event of my incapability of consenting, as authorized by IC 16-8-12. By way of illustration only, and not intending any limitation, my health care representative shall: (A) Select, engage, and discharge health care providers and facilities. (B) Authorize relief from pain. (C) Grant release to health care providers and facilities. (D) Give, withdraw, or withhold consent to health care. (E) Delegate all or part of this authority to any eligible individual who has not been disqualified as provided in IC 16-8-12. (F) In general, make any health care decision regarding any care, treatment, service, or procedure to maintain, diagnose, or treat my physical or mental condition. (This appointment of a health care representative is not to be considered a contradiction of a living will I may execute, whether simultaneously, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life-prolonging procedures shall take precedence)



INDIANA DIVISION  
MERCANTILE TITLE INSURANCE COMPANY

STATE OF INDIANA  
LAKELAND COUNTY  
MAY 10 1991  
526  
RECORDED

**FILED**

MAY 9 1991

*Ann N. Anton*  
CLERK, LAKE COUNTY

00048

*Book*

Pat B. Auwerda's Third Admin PB 30/77, ACB. # 27-242-18

16. Upon any terms or limitations specified: (A) Substitute another in his place as my attorney-in-fact under this instrument. (B) Remove a substitute and revoke any delegation as authority and make further substitutions and other delegations. (C) Engage and dismiss agents, counsel, or employees, and appoint, and remove any successor, substitute, or agent. (D) Delegates one or more of any of the powers granted in this instrument to one or more other persons.

**TRUSTS** My attorney-in-fact is expressly authorized to: (A) Revoke, or amend trusts in my name. (B) Take such actions with respect to existing trusts as I have authority to take under the terms of the trust agreements. (C) Create trusts in my name, and (D) Transfer any of my property to a trustee for administration and disposition in accordance with the provisions of such an existing or newly created or amended trust.

**LIFE INSURANCE** My attorney-in-fact is expressly authorized to deal with any insurance that I may own upon the life of the attorney-in-fact, other than the payment of premiums from my funds.

**MINISTERIAL NATURE OF POWERS** It is not my intention to grant any beneficial interests in my estate by this instrument, but to grant to my attorney-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of reasonable compensation for services) not for the personal benefit of my attorney-in-fact.

**DURABLE EFFECT THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY OR BY LAPSE OF TIME.** If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my attorney-in-fact under this power be appointed to that office.

**APPLICABLE LAW** This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

**I HEREBY REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY.**

IN WITNESS OF WHICH, I have signed this instrument this 10<sup>th</sup> day of August, 1990.



*Barbara A. Huppert*  
WITNESS

*Dianna J. Lilly*  
WITNESS

GRANTOR

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a notary public in and for said county and state, personally appeared the grantor named above and acknowledged the execution of the foregoing instrument.

I also certify that I am of legal age and that I witness the appointment by the grantor, in paragraph 15, of the attorney-in-fact as the grantor's health care representative as authorized by IC 16-8-12.

WITNESS my hand and notarial seal this 10<sup>th</sup> day of August, 1990.

*Barbara A. Huppert*  
NOTARY PUBLIC  
Lake County Resident  
My Commission Expires: 6/3/94



THIS INSTRUMENT PREPARED BY: DAVID E. MEARS, ATTORNEY AT LAW, 3527 Ridge Road, Highland, Indiana 46322 (219) 972-0990.