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**DURABLE GENERAL
POWER OF ATTORNEY
OF
MICHAEL F. STOJKOVICH**

FILED

FEB 25 1992

Anna M. Anton
AUDITOR LAKE COUNTY

BY THIS POWER OF ATTORNEY, I name an attorney-in-fact with power to act on my behalf pursuant to I.C. 30-5-1-1 *et seq.* as it exists now and is amended in the future.

1. **ATTORNEY-IN-FACT:** I hereby name **Michael F. Stojkovich, Jr.** as my attorney-in-fact.

1.01 **LIABILITY LIMITED:** My attorney-in-fact shall only be liable for actions undertaken in bad faith.

1.02 **COMPENSATION:** My attorney-in-fact shall be entitled to reasonable compensation for services provided as my attorney-in-fact.

2. **EFFECTIVE DATE OF POWER OF ATTORNEY:** This power of attorney shall become effective on the date this Durable General Power of Attorney is executed by **Michael F. Stojkovich**.

3. **POWERS:** I give to my attorney-in-fact, the powers incorporated by reference in this section which include those powers set forth in I.C. 30-5-5-2 through I.C. 30-5-5-15 and 30-5-5-18 and 30-5-5-19 (expressly excluding health care powers and power to consent to or refuse health care which powers I specifically confer through separate instrument) as they exist now and as they may be hereafter amended, from time to time, to be used on my behalf:

3.01 **REAL PROPERTY TRANSACTIONS:** General authority with respect to real property transactions pursuant to I.C. 30-5-5-2.

3.02 **TANGIBLE PERSONAL PROPERTY TRANSACTIONS:** General authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3.

3.03 **BOND, SHARE AND COMMODITY TRANSACTIONS:** General authority with respect to bond; share and commodity transactions pursuant to I.C. 30-5-5-4.

3.04 **BANKING TRANSACTIONS:** General authority with respect to banking transactions pursuant to I.C. 30-5-5-5.

3.05 **BUSINESS OPERATING TRANSACTIONS:** General authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.

3.06 **INSURANCE TRANSACTIONS:** General authority with respect to insurance transactions pursuant to I.C. 30-5-5-7; provided, however, the references in I.C. 30-5-5-7(a)(2) and (3) to ". . . section 8 of this chapter" shall be deemed references instead to I.C. 30-5-5-9.

3.07 **BENEFICIARY TRANSACTIONS:** General authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8.



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3.08 **GIFT TRANSACTIONS:** General authority with respect to gift transactions pursuant to I.C. 30-5-5-9.

3.09 **FIDUCIARY TRANSACTIONS:** General authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.

3.10 **CLAIMS AND LITIGATION:** General authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.

3.11 **FAMILY MAINTENANCE:** General authority with respect to family maintenance pursuant to I.C. 30-5-5-12.

3.12 **BENEFITS FROM MILITARY SERVICE:** General authority with respect to benefits from military service pursuant to I.C. 30-5-5-13.

3.13 **RECORDS, REPORTS AND STATEMENTS:** General authority with respect to records, reports and statements pursuant to I.C. 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

3.14 **ESTATE TRANSACTIONS:** General authority with respect to estate transactions pursuant to I.C. 30-5-5-15.

3.15 **DELEGATION OF AUTHORITY:** General authority with respect to delegating authority pursuant to I.C. 30-5-5-18.

3.16 **ALL OTHER MATTERS:** General authority with respect to all other matters pursuant to I.C. 30-5-5-19.

4. **SUPERSEDES PRIOR POWERS OF ATTORNEY:** This power of attorney supersedes, and I hereby revoke, all other powers of attorney I may have executed prior to the date of this power of attorney.

5. **GUARDIAN:** In the event protective proceedings for my person or estate are commenced, or a guardian is requested to act on my behalf, I nominate my attorney-in-fact to act on my behalf pursuant to I.C. 30-5-3-4(a).

6. **INCAPACITY:** This power of attorney shall not terminate upon my becoming incapacitated.

7. **TERMINATION ON DEATH:** This power of attorney shall terminate upon my death except as otherwise provided by I.C. 30-5-10-4.

8. **REVOCAION:** This power of attorney may be revoked, only by my written revocation entered of record in the office of the County Recorder of Lake County, Indiana. Any such revocation must be signed and acknowledged before a Notary Public or other similar official authorized to administer oaths.

9. **COPIES:** This instrument may be filed of record in any one or more counties within and without the State of Indiana or elsewhere as may be deemed appropriate by my Attorney, and copies of

this instrument, certified as true or exact copies by the County Recorder of any of said counties, shall be treated as original copies for all purposes.

SIGNED this 14th day of February, 1992, before the person named below, as witness, who has duly witnessed my signing of this instrument in 3 counterparts, each of which shall be considered an original.

Counterpart No. 1

Michael F. Stojkovich

Michael F. Stojkovich

5441 Johnson Street
Merrillville, Indiana
Social Security Number 308-18-7274

Georgia Steiner

Witness

STATE OF INDIANA)

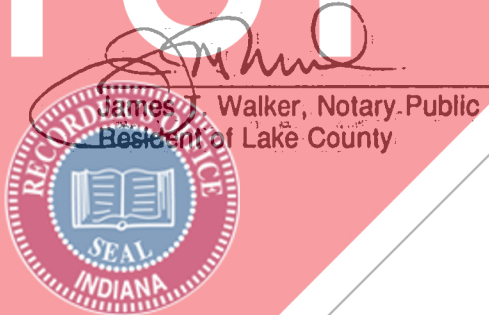
COUNTY OF LAKE)

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BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this date, personally appeared **Michael F. Stojkovich**, known to me to be the person whose name is subscribed to the foregoing Durable General Power of Attorney and acknowledged to me that he executed it for the purposes therein specified.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 14th day of February, 1992.



My Commission Expires:

June 22, 1993

The attorney-in-fact represents and warrants that within knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

Michael F. Stojkovich, Jr.

Michael F. Stojkovich, Jr., attorney-in-fact

This instrument prepared by **JAMES T. WALKER**, Attorney at Law
JAMES T. WALKER, PROFESSIONAL CORPORATION.

99 East 86th Avenue, Suite E
Merrillville, Indiana 46410
Phone: (219) 769-0420

