

DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS,  
That I

5

HILDA PAGAN  
(Name)

92023163

1730 West 4th Place  
Gary, Indiana 46404  
(Address)

(219) 882-1786  
(Telephone)

311-44-8344  
(Social Security Number)

APR 15 1 45 PM '92

ROBERT EDGAR WHEELAND  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

have made, constituted and appointed and by these presents do make,  
constitute and appoint, an Attorney-in-Fact to act on my behalf,  
pursuant to IND.CODE 1991, Article 30-5, as amended from time to  
time, as my true and lawful Attorney-in-Fact, for me and in my name,  
place, and stead in the State of Indiana.

Document is  
NOT OFFICIAL!

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the Lake County Recorder!

1. As my Attorney-in-Fact, I name:

SANTOS PAGAN, SR.  
(Name)

1730 West 4th Place  
Gary, Indiana 46404  
(Address)

(219) 882-1786  
(Telephone)

303-36-3963  
(Social Security Number)

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*Anna N. Antonio*  
AUDITOR LAKE COUNTY

2. If my original Attorney-in-Fact is unable or unwilling to  
qualify or fails or ceases to serve, then I name as my Successor  
Attorney-in-Fact:

NYDIA ESTHER GUTIERREZ  
(Name)

6401 Tennessee Avenue  
Hammond, Indiana 46323  
(Address)

(219) 845-8323  
(Telephone)

310-48-0003  
(Social Security Number)

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3. **POWERS.** I give to my Attorney-in-Fact or any Successor Attorney-in-Fact the powers specified in this section to be used on my behalf, PROVIDED that my Attorney-in-Fact shall not have any power which would cause my Attorney-in-Fact to be treated as the owner of any interest in my property, resulting from the exercise of the powers authorized herein.

(a) **REAL PROPERTY.** Authority with respect to real property transactions, pursuant to I.C. 1991, §30-5-5-2, including but not limited to the property described on the attached Exhibit "A".

(b) **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property, pursuant to I.C. 1991, §30-5-5-3.

(c) **BOND, SHARE AND COMMODITY.** Authority with respect to bond, share and commodity transactions pursuant to I.C. 1991, §30-5-5-4.

(d) **BANKING.** Authority with respect to banking transactions pursuant to I.C. 1991, §30-5-5-5.

(e) **INSURANCE.** Authority with respect to insurance transactions pursuant to I.C. 1991, §30-5-5-7 provided that references in I.C. 1991, §30-5-5-7(a)(2) and (3) to "Section 8" are changed to "Section 9."

(f) **BENEFICIARY.** Authority with respect to beneficiary transactions pursuant to I.C. 1991, §30-5-5-8.

(g) **GIFTS.** Authority with respect to gift transactions, pursuant to I.C. 1991, §30-5-5-9. However, this authority shall be limited to the power to make gifts to organizations for charitable or other purposes, in satisfaction of a written pledge made by me to any such organization.

(h) **FIDUCIARY.** Authority with respect to fiduciary transactions, pursuant to I.C. 1991, §30-5-5-10.

(i) **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation, pursuant to I.C. 1991, §30-5-5-11.

(j) **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant I.C. 1991, §30-5-5-12.

(k) **RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports and statements, pursuant to I.C. 1991, §30-5-5-14.

(l) **ESTATE TRANSACTIONS.** Authority with respect to Estate transactions, pursuant to I.C. 1991, §30-5-5-15.

(m) **DELEGATE.** Authority with respect to delegating authority pursuant to I.C. 1991, §30-5-5-18, for a period of not more than seven (7) days.

(n) **TAXES.** To prepare, execute, verify and file in my name and on my behalf any state or federal income or gift tax return or other return, power of attorney, report, protest or instrument in connection with any tax imposed or purported to be imposed by any government, or claimed or assessed by any government authority; to receive confidential information and to perform any and all acts which I could perform with respect to tax matters, including power to receive refunds.

(o) **SOCIAL SECURITY, MEDICARE AND MEDICAID.** To deal with the Social Security Administration to arrange for the direct deposit of my social security benefits into a bank account standing in my name and to sign any and all documents required to accomplish such direct deposit; to apply for, and otherwise deal with, medicare, medicaid and any similar benefits; and to prepare, sign on my behalf, and file appropriate claims for reimbursement for medical expenses.

(p) **SAFETY DEPOSIT BOX(ES).** To enter at anytime to remove the contents of or to add to the contents of any safe deposit box in my name or which I could enter if personally present.

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4. **PRIOR GENERAL POWERS OF ATTORNEY REVOKED.** All powers of attorney not applicable to a specific property interest owned by me and identified in the power of attorney executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all powers of attorney not revoked.

5. **NO FEE.** My Attorney-in-Fact shall not be entitled to a fee for services provided as my Attorney-in-Fact, but may be reimbursed for any and all reasonable expenses incurred.

6. **EFFECTIVE IMMEDIATELY.** This power of attorney shall be effective as of the date it is signed.

7. **LIMITATION ON LIABILITY.** My Attorney-in-Fact shall only be liable for actions undertaken in bad faith; provided, however, my Attorney-in-Fact shall be liable for the negligent exercise of any non-health care related power if the exercise of this power involves self-dealing.

8. **REVOCATION.** I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of this county of my domicile a written revocation hereof and delivered a copy to my Attorney-in-Fact, in person or by mail, return receipt requested, at the last known address, which shall be deemed delivered.

9. **GUARDIAN.** If protective proceedings are instituted on my behalf or a Guardian is requested to act on my behalf, I name my Attorney-in-Fact or Successor Attorney-in-Fact to act on my behalf or as my Guardian.

10. TERMINATION ON DEATH. Without regard to my mental or physical condition, this Power of Attorney shall continue in effect until revoked or until my death whichever occurs first.

I have executed this instrument on April: 6<sup>th</sup>, 1992, consisting of 3 counter-parts, of which this is No. 3.

Name Signed: Hilda Pagan

Name Printed: HILDA PAGAN

Social Security Number: 311-44-8344

STATE OF INDIANA, COUNTY OF LAKE, SS:

The undersigned, a Notary Public in and for the above County and State, residing in Lake County, Indiana, certifies and witnesses that the above signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: April 6, 1992



Lisa A. Miller  
NOTARY PUBLIC

Lisa A. Miller  
(Print Name of Notary)

My Commission Expires: 5/24/94

This Instrument was prepared by Attorney David M. Hamacher, Ruman, Clements & Tobin, P.C., 5251 Hohman Avenue, Hammond, IN 46320

EXHIBIT "A"

Lot 42 in Block 28 in Gary Land Company's Fourth Subdivision in the City of Gary, as per plat thereof, recorded in Plat Book 14, page 15, in the Office of the Recorder of Lake County, Indiana.

(Unit and Key No. 25-44-0182-0012)

