

92072271

306 Gregory St
Munster IN 46321

DURABLE POWER OF ATTORNEY

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KNOW ALL MEN BY THESE PRESENTS, that I, [✓]ELSIE M. LUTZ do hereby constitute and appoint **Eloise E. Cashman**, of Lake County, Indiana as my true and lawful attorney, for me, in my name and stead for the following purposes:

a. To execute vouchers in my behalf or any and all allowances or reimbursements payable to me by the United States of America, including, but restricted to, allowances and reimbursements for Social Security and Old Age Assistance, and to receive, endorse and collect the proceeds of checks payable to me from any person or corporation;

b. To make, execute and deliver any bill of sale or certificate of title as to any automobile or other personal property that I may now or hereafter own either jointly or severally, or in which I have any interest;

c. To demand, sue for collect and receive all accounts, claims or debts now due or that may hereafter become due and make, execute and deliver receipts, releases or discharges therefor;

d. To make, execute, or endorse any and all bills of exchange, notes, checks, money orders or drafts;

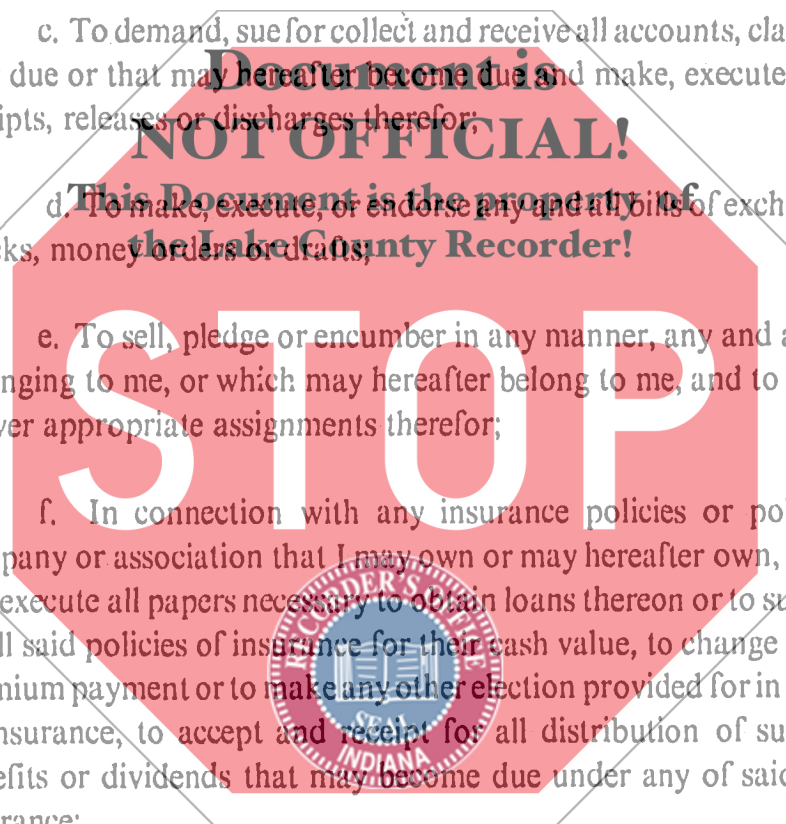
e. To sell, pledge or encumber in any manner, any and all securities belonging to me, or which may hereafter belong to me, and to execute and deliver appropriate assignments therefor;

f. In connection with any insurance policies or policy, in any company or association that I may own or may hereafter own, to apply for and execute all papers necessary to obtain loans thereon or to surrender any or all said policies of insurance for their cash value, to change the mode of premium payment or to make any other election provided for in said policies of insurance, to accept and receipt for all distribution of surplus, other benefits or dividends that may become due under any of said policies of insurance;

g. To make, give and execute any consent that may be required by any medical provider including medical doctors, osteopathic doctors, or hospitals to render medical attention or treatment to me which in the opinion of my attorney may be necessary or required including the right of determination as to when and to what extent such attention or treatment may be withheld.

h. Without any way limiting the foregoing, and the foregoing not in limitation hereof, generally to do, execute and perform any other act, deed, matter or thing whatsoever that ought to be done, executed or performed or that in the opinion of my said attorney, ought to be done, executed or performed as fully and effectually as I could do if personally present.

i. To sell, or exchange, or to borrow any sum or sums of money and to secure such loans by executing mortgages, on real estate owned by me, upon such terms and for such consideration as my attorney shall think fit,



STATE OF INDIANA
LAKE COUNTY
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AUDITOR LAKE COUNTY

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and to execute and deliver good and sufficient deeds or other instruments for the conveyance or transfer of same, with such covenants of warranty of otherwise as my attorney sees fit, and to give good and effectual receipts for all or any part of the purchase price or other consideration, and to execute all promissory notes, mortgages, and other instruments which may be necessary or proper.

Pursuant to the provisions of I.C. 30-2-11-1 et seq. I do specify and direct that this power of attorney shall not be affected by my subsequent disability or incapacity, if the same should occur, or by the lapse of time. It is my intent that the authority conferred upon my attorney-in -fact shall be exercisable notwithstanding my subsequent disability or incapacity and notwithstanding the lapse of time. In the event protective proceedings relating to my person or estate are subsequently commenced, I do hereby nominate and appoint Eloise E. Cashman as conservator or as guardian of my estate and I hereby nominate and appoint Eloise E. Cashman as guardian of my person in the event such proceedings determine the need for the appointment of such fiduciary.

I, the said **ELSIE M. LUTZ** do hereby ratify and confirm all that my said attorney shall do or cause to be done by virtue of this Power of Attorney.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
IN WITNESS WHEREOF, I have hereunto set my hand and seal at Highland, Indiana, in the County of Lake this 16 day of October, 1992.

Elsie M. Lutz
ELSIE M. LUTZ

STATE OF INDIANA)

COUNTY OF LAKE)



) SS:

By me the undersigned Notary Public in and for said County and State, personally appeared the above and foregoing Power of Attorney as his/her free and voluntary act and deed, for the use and purposes herein set forth and contained, this 16th day of October, 1992

George J. Bracken
Notary Public

My Commission Expires:

5/1/95
Resident of LAKE County, INDIANA