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THIS FORM HAS BEEN PREPARED FOR USE WITHIN THE STATE OF INDIANA. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW AND SHOULD ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

92074120

OF

MARJORIE M. VANES, Trustee, UDT 10-5-89
PRINCIPAL

FILED

TO

NOV 19 1992

THOMAS W. VANES
ATTORNEY IN FACT

Anna N. Anton
AUDITOR LAKE COUNTY

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. Powers. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

- real property transactions; [IC 30-5-5-2]
- ~~changeable personal property transactions; [IC 30-5-5-3]~~
- ~~bonds, shares, and commodity transactions; [IC 30-5-5-4]~~
- ~~banking transactions; [IC 30-5-5-5]~~
- ~~business operating transactions; [IC 30-5-5-6]~~
- ~~insurance transactions; [IC 30-5-5-7]~~
- ~~beneficiary transactions; [IC 30-5-5-8]~~
- ~~gift transactions; [IC 30-5-5-9]~~
- ~~fiduciary transactions; [IC 30-5-5-10]~~
- ~~claims and litigation; [IC 30-5-5-11]~~
- ~~family maintenance; [IC 30-5-5-12]~~
- ~~benefits from health care; [IC 30-5-5-13]~~
- ~~records, reports and statements; [IC 30-5-5-14]~~
- ~~estate transactions; [IC 30-5-5-15]~~
- ~~all other matters; [IC 30-5-5-16]~~

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

This specifically includes execution of all documents, including deed,
necessary to effect sale of 9635-37 Johnson St., Crown Point, Indiana

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. Reservation of Power to Act and to Revoke. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. Chapters of Statute Also Applicable. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

- Definitions [IC 30-5-2]
- General Provisions [IC 30-5-3]
- Duties [IC 30-5-6]
- Reliance [IC 30-5-8]
- Liabilities [IC 30-5-9]
- Termination [IC 30-5-10]

D. Liability of Attorney in Fact. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

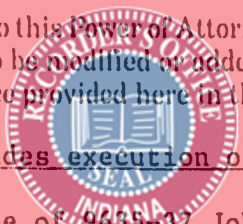
E. Reliance on Power of Attorney. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution	Type of Account	Account Number

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

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FDW



STATE OF INDIANA
RECORDED
NOV 29 1992

R Safe Deposit Boxes & other services. Name of the institution

XXX

(BANKING INSTITUTION)

(BRANCH)

(CITY)

Кредитный документ и прочие документы, которые выдают в банке, являются действительными, если они подписаны и заверены печатью банка. Если вы хотите, чтобы этот документ был действительным, вы должны предоставить банку копию этого документа. Банк не несет ответственности за действия своих агентов, если они не являются сотрудниками банка.

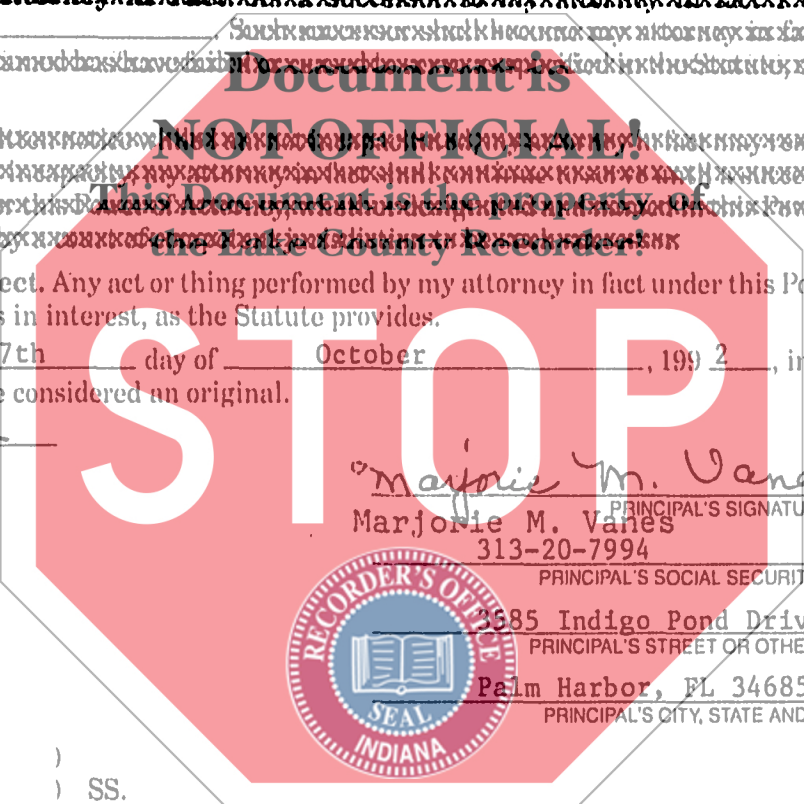
G. Duration of Power of Attorney. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision applies]:

- a. This Power of Attorney is not terminated by my incapacity.
- b. This Power of Attorney terminates on December 31, 1992 at 12:00 p.m.
(DATE) (TIME)
- c. This Power of Attorney terminates upon my incapacity or on _____ at _____, whichever first occurs.
(DATE) (TIME)

H. Revocation of Prior Powers. I do/do not [strike one] revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

Кредитный документ и прочие документы, которые выдают в банке, являются действительными, если они подписаны и заверены печатью банка. Если вы хотите, чтобы этот документ был действительным, вы должны предоставить банку копию этого документа. Банк не несет ответственности за действия своих агентов, если они не являются сотрудниками банка.

I. Signature of Attorney in Fact. I, _____, do hereby designate and name _____ as my attorney in fact to execute and perform all my duties and obligations as my attorney in fact.



Ву підписавши цей документ, я визнаю, що це документ, який є власністю Реєстратора Лейк-Канті. Будь-які подальші дії з цього документа будуть невірними.

K. Binding Effect. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 7th day of October, 1992, in 2 counterparts, each of which shall be considered an original. Counterpart No. 2

Marjorie M. Vanes
 Marjorie M. Vanes PRINCIPAL'S SIGNATURE
 313-20-7994 PRINCIPAL'S SOCIAL SECURITY NUMBER
 3585 Indigo Pond Drive PRINCIPAL'S STREET OR OTHER ADDRESS
 Palm Harbor, FL 34685 PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA)
) SS.
COUNTY OF Lake)

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of October, 1992, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Diana Kouacik
 Diana Kouacik NOTARY PUBLIC'S SIGNATURE
 Diana Kouacik NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 6-6-96 Resident of Lake County.

This instrument prepared by THOMAS VANES, Attorney at Law. 260 E. 90th Dr., Merrillville, IN 46410