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GENERAL  
POWER OF ATTORNEY  
OF

93013217

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

1. SINGLE ATTORNEY-IN-FACT. As my attorney-in-fact, I name MARY SCHUBERT whose address and telephone number are 916 Cypress Point Apartment #114, Crown Point, Indiana 46307

-or-

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

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.

3. A. REAL PROPERTY. Authority with respect to real property transactions pursuant to IC 30-5-5-2.

3. B. TANGIBLE PERSONAL PROPERTY. Authority with respect to tangible personal property pursuant to IC 30-5-5-3.

3. C. BOND, SHARE AND COMMODITY. Authority with respect to bond, share and commodity transactions pursuant to IC 30-5-5-4.

3. D. BANKING. Authority with respect to banking transactions pursuant to IC 30-5-5-5.

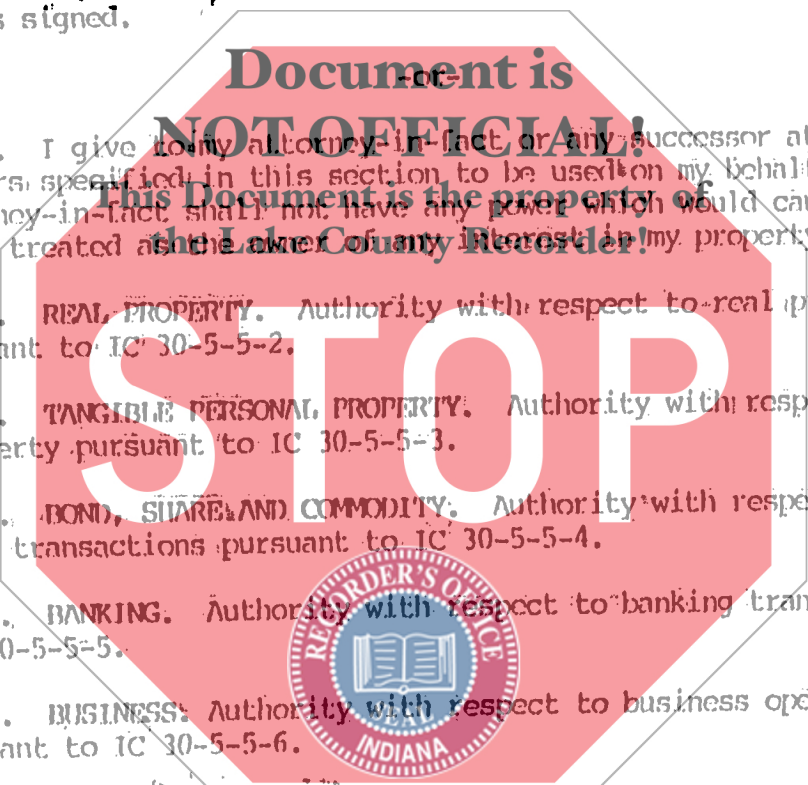
3. E. BUSINESS. Authority with respect to business operating transactions pursuant to IC 30-5-5-6.

3. F. INSURANCE. Authority with respect to insurance transactions pursuant to IC 30-5-5-7 provided that references in IC 30-5-5-7 (a) (2) and (3) to "section 8" are changed to "section 9."

3. G. BENEFICIARY. Authority with respect to beneficiary transactions pursuant to IC 30-5-5-8.

3. H. GIFTS. Authority with respect to gift transactions pursuant to IC 30-5-5-9.

3. I. FIDUCIARY. Authority with respect to fiduciary transactions pursuant to IC 30-5-5-10.



STATE OF INDIANA / S.S. NO. LAKE COUNTY FILED FOR RECORD  
MAR 1 8 55 AM '93  
SAHUE CRITCH RECORDER

FILED

MAR 1 1993

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*Carol N. Anton*  
AUDITOR LAKE COUNTY

M. Vess 3235 45th St Nishland 46322

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3. J . CLAIMS AND LITIGATION. Authority with respect to claims and litigation pursuant to IC 30-5-5-11.

3. K . FAMILY MAINTENANCE. Authority with respect to family maintenance pursuant to IC 30-5-5-12.

3. L . MILITARY SERVICE. Authority with respect to benefits from military service pursuant to IC 30-5-5-13.

3. M . RECORDS, REPORTS AND STATEMENTS. Authority with respect to records, reports and statements pursuant to IC 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. N . ESTATE TRANSACTIONS. Authority with respect to estate transactions pursuant to IC 30-5-5-15.

3. O . HEALTH CARE. Authority with respect to health care pursuant to IC 30-5-5-16.

3. P . HEALTH CARE REPRESENTATIVE APPOINTMENT WITH POWER TO STOP HEALTH CARE. I appoint my attorney-in-fact as my health care representative with authority to act for me in all matters of health care in accordance with IC 16-8-12 as shown by the appointment under IC 16-8-12 which is attached to this power of attorney pursuant to IC 30-5-5-16(b) (2) and IC 30-5-5-17.

3. Q . DELEGATE. Authority with respect to delegating authority pursuant to IC 30-5-5-18.

3. R . ALL OTHER MATTERS. Authority with respect to all other matters pursuant to IC 30-5-5-19.

4. ALL PRIOR POWERS OF ATTORNEY REVOKED. All powers of attorney executed by me prior to the date of this power of attorney are revoked.

5. 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 May 27, 1992.

Name Signed \_\_\_\_\_

Name Printed LEONAE KEISER

Social Security Number 310-22-2389

*Leona R Keiser*

STATE OF INDIANA, COUNTY OF LAKE, SS:

The undersigned, a notary public in and for the above county and state, residing in \_\_\_\_\_ County, \_\_\_\_\_, 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: 5 27 92

Shirley A. Hedrick  
Notary Public

My Commission Expires:

6-12-93

**Document is NOT OFFICIAL**  
Shirley A. Hedrick  
(print name of notary)

**This Document is the property of the Lake County Recorder!**

THIS INSTRUMENT WAS PREPARED BY STANLEY J. HUSTON, Lawyer,  
7863 Broadway Suite 222, Merrillville, Indiana 46410

