

177131 Sahaqun

Jenetta

92039739 **Power of Attorney**

**Know All Men by These Presents,** That CLIFFORD W. MORDEN III

have made, constituted and appointed, and by these presents do make, constitute and appoint MARIA WERNER true and lawful Attorney for

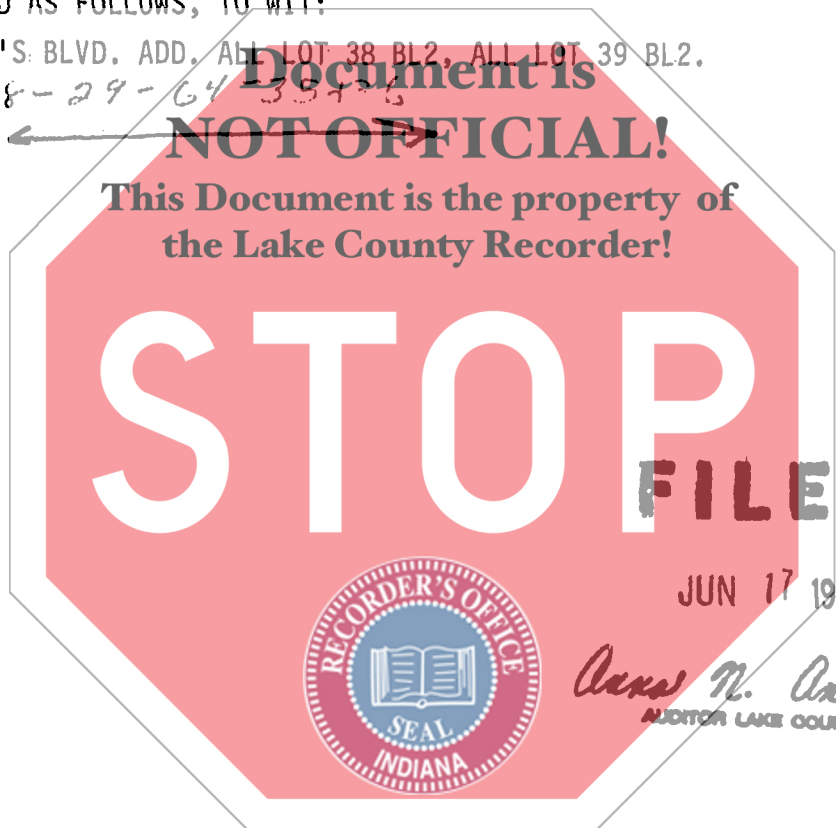
HIM and in HIS name, place and stead

THIS IS A SPECIAL POWER OF ATTORNEY EFFECTIVE SOLELY AND EXCLUSIVELY FOR THE PURPOSE OF SELLING REAL ESTATE. THIS POWER IS LIMITED TO THE EXECUTION OF ANY ACCEPTANCES, DEEDS, CLOSING STATEMENTS, AND OTHER RELATED DOCUMENTS AND INSTRUMENTS, FOR THE SALE OF THE REAL ESTATE DESCRIBED AS FOLLOWS, TO WIT:

THE REAL ESTATE AND PREMISES COMMONLY KNOWN AS 1215 - 120TH ST. WHITING, COUNTY OF LAKE, STATE OF INDIANA, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO WIT:

DAVIDSON'S BLVD. ADD. ALL LOT 38 BL2, ALL LOT 39 BL2.

# 28-29-64-354-3



JUN 21 10 48 AM '93  
SAHUEL ORLICH  
RECORDER

FILED  
STATE OF INDIANA  
LAKE COUNTY RECORDER

giving and granting unto MARIA WERNER said Attorney full power to do every act necessary to be done about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that MARIA WERNER said Attorney, or substitute shall lawfully do or cause to be done by virtue thereof.

In Witness Whereof, The said CLIFFORD W. MORDEN III has hereunto set HIS hand and seal this 30TH day of APRIL 19 93

Signed, sealed and delivered in presence of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(SEAL)  
(SEAL)  
(SEAL)

This instrument prepared by: THOMAS K. HOFFMAN, ONE PROFESSIONAL CENTER, CROWN POINT, IN

69 96

STATE OF INDIANA, LAKE County, ss:

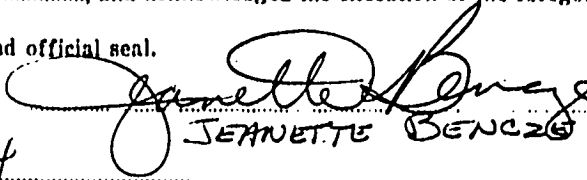
Before me, the undersigned, a Notary Public in and for said County, this

30<sup>TH</sup> day of APRIL, 1993, came

CLIFFORD W. MORDEN III

....., and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

 Notary Public.  
**JEANETTE BENCZE**

My Commission expires 10/1/94

**POWER OF ATTORNEY**

FROM

TO

Received for record this.....  
day of....., 19.....  
at.....o'clock ..... m., and recorded  
.....Record,  
No..... Page.....  
Recorder ..... County.

Fee, \$ \_\_\_\_\_



MARATHON COUNTY REGISTER OF DEEDS

177131 - Sahagun

Jan Ho

DOM 5040 (Rev. 11/91)  
Chap. 89 Wis. Stats.

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE  
STATE DEATH NO.

LOCAL FILE NUMBER 805

1. DECEDENT'S NAME First Middle Last <b>Clifford W. MORDEN</b>			2. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	3. SOC. SEC. NUMBER OF DECEDENT <b>341-05-7520</b>	4a. PRONOUNCED DEAD DATE Mo Day Yr <b>December 14 1992</b>	4b. HOUR Hour <b>1800</b>	5. BODY FOUND Post hours per death M <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
6a. AGE (years) Under 1 yr. Under 1 day <b>77</b>	7. DATE OF BIRTH Mo Day Yr <b>November 27 1915</b>		8a. COUNTY OF DEATH <b>Marathon</b>		8b. DEATH OCCURRED INSIDE CITY, VILL. TOWNSHIP <b>Wausau</b>		8c. (CHECK ONE) Ca Va Township <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. DEATH AT HOSPITAL 1. <input checked="" type="checkbox"/> In-hl. 2. <input type="checkbox"/> DOA-From Nur. Hm. 3. <input type="checkbox"/> DOA-From Other 4. <input type="checkbox"/> Outst. 5. <input type="checkbox"/> ER-From Nur. Hm. 6. <input type="checkbox"/> ER-From Other			10. OTHER PLACE <input checked="" type="checkbox"/> N.H. <input type="checkbox"/> Other <b>Wausau Hospital</b>		11e. NURSING HOME LICENSE NO.		12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed	
13a. RESIDENCE - STATE <b>Indiana</b>		13b. RESIDENCE - COUNTY <b>Lake</b>		13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP <b>Whiting</b>		14b. ZIP CODE <b>46394</b>		
15. STATE OF BIRTH (Country & not in U.S.) <b>Illinois</b>			16. FATHER'S NAME First Middle Last <b>Clifford W. Morden</b>		17. MOTHER'S NAME First Middle Surn <b>Norma Lang</b>			
18. RACE (e.g. White, Black, Am. Indian, etc.) <b>white</b>		19. HISPANIC ORIGIN? Specify Cuban, Mexican, etc. <input checked="" type="checkbox"/> No		20a. USUAL OCCUPATION (Do not enter "Retired") <b>Mail Deliverer</b>		20b. KIND OF BUSINESS / INDUSTRY <b>U.S. Postal Service</b>		
21. EDUCATION Highest grade completed (Excludes GED) <b>12</b>		22. DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First Middle, Last)				
24a. INFORMANT'S NAME <b>Clifford W. Morden 111</b>			24b. MAILING ADDRESS Street City/Village State ZIP <b>1219 Elm Street Wausau Wisconsin 54401</b>					
25. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		26. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>St. John</b>		27. LOCATION City/Village/Township State <b>Hammond, Indiana</b>		28. DATE SIGNED BY FUNERAL SERVICE LICENSEE (Mo. Day Yr.) <b>December 15 1992</b>		
29. DATE RECEIVED FROM MED CERT (Mo. Day Yr.) <b>December 17, 1992</b>		30a. FUNERAL SERVICE LICENSEE (to person acting as such) <b>Robert Leonard</b>		30b. WI LICENSE NO. <b>3210</b>		31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip) <b>Brainard Funeral Home 522 Adams St. Wausau, WI. 54401</b>		
32. MEDICAL CERTIFIER (Check One) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN - To the best of my knowledge, death was pronounced and occurred at the time(s) and due to the causes stated. <input type="checkbox"/> CORONER/ABLE - On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time(s) and due to the causes and manner stated.			33. DATE OF DEATH (Mo., Day, Yr.) <b>December 14 1992</b>		34. MANNER OF DEATH 1. <input checked="" type="checkbox"/> Natural 2. <input type="checkbox"/> Accident 3. <input type="checkbox"/> Undet. 4. <input type="checkbox"/> Homicide 5. <input type="checkbox"/> Pending		35. DATE OF INJURY (Mo., Day, Yr.) <b>12-15-92</b>	
36a. MEDICAL CERTIFIER SIGNATURE & TITLE (Black Ink) <b>David W. Golin, M.D.</b>			36b. MEDICAL CERTIFIER'S MAILING ADDRESS (Street & Number, City, State, ZIP) <b>2727 Plaza Dr. Wausau WI 54401</b>		37. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>December 17 1992</b>		38. PLACE OF INJURY (Name, Street, Farm, etc.) <b>Society</b>	
48. PART I: Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) <b>SIBASILAR PNEUMONIA</b> (b) _____ (c) _____ (d) _____			49. PART II: Enter the diseases, injuries or complications that contributed to death but not resulting in underlying cause given in Part I. <b>ATHELECTASIS CARDIOVASCULAR DISEASE WITH CONGESTIVE HEART FAILURE INSULIN-DEPENDENT DIABETES MELLITUS WITH DIABETIC AMYOTROPHY POLYNEUROPATHY</b>		Interval between onset and death <b>10 DAYS</b>			

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This Document is the property of the Lake County Recorder!

RECORDED & INDEXED  
FILED  
JUN 17 1993  
Auditor Lake County

28-29-64-35436

CERTIFICATE OF RECORD

Daudson's Blvd. Add.

STATE OF WISCONSIN, MARATHON COUNTY SS.

I, the undersigned REGISTER OF DEEDS in and for said COUNTY, do hereby certify that this is a true and correct copy of the original record as recorded in my office.  
Witness my hand and seal this  
DEC 18 1992

Michael J. Sydora  
REGISTER OF DEEDS

03680

DEPUTY

IT IS ILLEGAL TO COPY THIS CERTIFIED COPY

