4677120

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**

93042220

SHIRLEY JEAN DECKER

PRINCIPAL

TO

WILL DECKER

ATTORNEYIN FACT

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 30-5-5-3] tangible personal property transactions; bond, share, 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] fiduciary transactions; This Docume [IC 30-5-5-9] [IC 30-5-5-10] the Lake County Reco claims and litigation; [IC 30-5-5-11] family maintenance; [IC 30-5-5-12] benefits from military service; [IC 30-5-5-13] records, reports, and statements; IIC 30-5-5-14] estate transactions; [IC 30-5-5-15] [IC 30-5-5-19] all other matters.

[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 provided or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

8.00

My Attorney in Fact is authorized to enter into a mercond Mortgage

secured by our Real Estate at 2629 Cypress Avenue, Munster, 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]

recorded, in the Office of the Recorder of \_\_\_\_LAKE\_

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):

Type of Account	Account Number	
y may be delivered may rely o		
	y may be delivered may rely o	



County, State of Indiana.

		box, Number		<del></del>
t(BANKING INSTITUTION)		(BRANCH)	<del></del>	(CITY)
give my attorney in fact ither individually or join roperty to it, and to relo ddition to those incorpor	power to enter or have a tly with any other perso cate such box within th ated into this Power of	on. I give the power also he banking institution f Attorney by reference	to remove property from or at another. Powers 1	m such box or add here given are in
G. Duration of Po TRIKING ALL INAPPL	wer of Attorney. SEI ICABLE PROVISIONS	LECT ONLY ONE OF 5: [in case of insufficien	THE FOLLOWING P t striking, provision a	ROVISIONS BY applies]:
a. This Power of At	torney is not terminate KKXXXXXXXXXXXXXXXXX	ed by my incapacity. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<u> </u>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
KKXXXXXXXXX XXXXXXXXXXXX MIT)	E) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ		
H. <b>Revocation of F</b> late of this Power of Attor attorney. In case of failure	ney. Revocation does n		ll powers of attorney Is an act performed unde	signed before the r a prior power of
nominate <u>Will Decke</u>	eras.g	or my person or for my guardian of my person,	and Will Decker	re commenced; I
as guardian of my estate,			•	
J. Successor Atto	Such su	successor to my atto	my attorney in fac <b>t wh</b>	ien the person(s)
serve.	d nas/nave/lance of the		a na the contact, or nac	miate accimica to
By giving me writter	notice while lam not i	ncapacitated, my attorr	ney in fact may resign o	r decline to serve.
During a period of my inc authorized to act under th	apacity, my attorney in is Power of Attorney, w	fact shall continue to s nether designated and	erye until a successor a	attorney in fact is Attorney as such
successor or selected by a	court of competentian	Asdiction to be such so	ceessor.	
K. Binding Effect.	Any act or thing perfor	rmed by my attorney in	fact under this Power	of Attorney binds
me and my successors in				
Signed this shall be co	day of /h	<del>f</del>	, 1993, in	counterparts,
	isidered an original.		$\bigcirc$	ı
Counterpart No		20,0	De R	
		and the second	PRINCIPAL'S SIGNATURE Decker	
		Shirley Jean	Decker	
	É	306-34-6803 PRINC	CIPAL'S SOCIAL SECURITY NUM	ABER.
·.			DAL'S STREST OF OTHER ADD	DESS
		9619 Cypress	PAL'S STREET OR OTHER ADD	ness
	E	Munster, THRW	CIPAL'S ELTY STATE AND ZIP C	ODE
STATE OF INDIANA		WOJANA MILES		
COUNTY OF	) SS.	/		
	) waismad a Natany Duh	lic in and for said Cour	nty and State this	uenth.
day of	rsigned, a Notary Pub.	v appeared the princi	pal named above, sign	ned this Power of
Attorney, and acknowled	ged the execution of it,	as the voluntary act ar	nd deed of the principal	l, for the uses and
purposes therein stated.				
IN WITNESS WHE	REOF, I have hereunto s	set my band and official	seal the day and year la	ast above written
		Country	Ladella Lacestalla	
		NOTE	NO <del>TATY HAL</del> IOE SPANNUSE ARY PUBLIC, STATE OF INC	HANA,
		NOTARY	PUBLIC'S NAME PRINTED OR	TYPED
My Commission Expires:		Resident of	COMMISSION TOUR OCT. 2	3, 1998 County
•		Marina d	•	A 444 ¥
This instrument prepare	d by <u>Visvaldis Pages</u>	. Kupsis Avenue, Suite One		, Attorney at Law N 46375
	7003 W. 73LII	Manue, Durce Olic	,, Denoted viries a	
		The Allen County	Indiana Bar Association Ir	or (Printed Feb. 1992