## 2

94027762

## **GENERAL DURABLE POWER OF ATTORNEY**

	1,	Α.	Helen	Kleis		., of	Lake	County, State
of-	India	ına	,	being at least	18 years of	age and m	entally compete	ent, do hereby designate
	Charles	C.K.	leis-	<u> </u>	_, of	Lake	C	ounty, State of Indiana,
	my true and la							
I.	Powers:	. /	<b>1</b> *					
••		amed at	torney-in-	fact shall have	the followi	ng powers:		
			•					ve demand; presentment,
pro	test, notice of					uch instrui	nents;	
				all contracts;				
-: -:								nd to exercise such voting
Hg								er in person or by proxy; sury Securities in which I
ma	y have interest		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sign and pread	oung onbine	. v63	isund O.S. Tita	any securities in which to
			nand all su	ms of money,	debts, dues,	accounts, b	equests, interes	t, dividends and demands
		are nov	v or shall l	hereafter beco	me due or pa	yable to m	e and to compr	omise, settle or discharge
the	same;							
					ces in my nar	ne and to o	pen, inspect, in	ventory, place items in or
ren	nove from, and				all angumba	rand in a	ny way and ma	nner, deal with personal
pro								and the support of those
•	sons to whom				4 40			and support of those
•	To execute in	nstrume	nts to effe	ct the transfer	of title to a	ny motor	vehicle owned t	by me;
	ுToʻmaintain,	purcha	se, surrenc	der, acquire, a	issign, pledg	e, make cla	sims under, bor	row against, partially or
	•	ange be						of insurance and claims
the	reon;			ie Lake (				and the Court to the University
ΛW							must be recorde	ocated, of which I may be
UW								nt; the government of any
Sta	•			400		The second secon		s that may be required in
	se matters;							S S
ดทั	I I hereby ratif	fv.and c	onfirm all	that my attor	nev-in-fact	shall do by	virtue hereof.	ಶ <sup>್ಷ.</sup> ಪ
••••		.,					1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	III.
				4				ဗိုင္ငံ မ
П.	Effective (				TO THE STATE OF			20 18
	(A) This Po	wer of	Attorney sl	hall become ef	fective on the	$13th_{y}$	of April	19794 and
	ll not be affec	ted by n	ny subsequ	ent disability	or incompe	tence;	3	
-	OR .					0		ecome effective upon my
ص شوند	(B) In the c	vent no	date is in	serted in (A)	above, this I	ower of A	ttorney shall be	ecome effective upon my
dis	ability or incor	mpetenc	е.	E	E. WOLANA.	uning.		
1								
Ш	. Terminat	ion: (d	elete ina	pplicable p	rovisions)			
							rney shall contir	nue in full force and effect
unt		_				<b>A A</b>		
	• •	executed	and recor	ded in the Rec	corder's Office	e of the Co	ounty of my don	nicile a written revocation
her	cof.							
	##===================================	:===la)	:====		==19==	===		
	(C)=							
	Further, I ag	rce to i	ndemnify	and hold ham	mless any pe	rson who.	in good faith,	acts under this Power of
Att								ut actual knowledge of its
	ocation.			-		-		,
						•		
717	Cuardia	ahim.	antian1	`				
IV		a indicia	Uproceedii	7 ng is:brought (	to establish a	guardians	hip over my ner	son or property, I hereby
			- 1 222041			J	the second time.	1 1 22.77

\_ to serve as guardian.

appoint \_\_\_\_Charles C. Kleis

IN WITNESS WHEREOF, I have he	reunto set my hand and seal this 13th day of Apr	il ,
19 94	•	•
	a. Helan K	Pois
	A. Helen Kleis	
	(printed)	
STATE OF INDIANA )		
COUNTY OF LAKE	SS:	
Defendance of Niether Dublic in and Co	and and a Country and State manifestable and stated	
A. Helen Klei	or said County and State, personally appeared	
		, who acknowledged
the execution of the foregoing General Po	ower of Attorney.	
WITNESS my hand and Notarial sea	al, this 13th day of April	19294.
mind to	al, this 13th day of April.	agon
	Janus L. Bermingham	Notary Public
	Document is	
Commission Expres	Residing in Lake	County,
75/24/37	OT OIndiana, CIAL.	
This D	ocument is the property of	
	arold Abrahamson	_, Attorney at Law.
	traine Country According	, mitoriloy ut Euw.
DUVE	CLANUS CEDITIFICATE (ontional)	
rnish	CIAN'S CERTIFICATE (optional)	
Based on examinati <mark>on or previou</mark> s re	lationship, I hereby certify that I saw	
	, on	<u> </u>
and that in my opinion (he/she) was, at	the time, of sound mind and capable of underst	anding and handling
(his/her) business affairs.	Control of the contro	
(instrict), outsidess unans.		
Date:	(Physician's Signuture)	
	WANTE THE THE PARTY OF THE PART	
	Printed	
	· imed	
	**************************************	
	Address	