Return 10. American Javing 1001 Main St Dyer IN 46311

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POWER OF ATTORNEY

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| | | ···· | | | M. HALCAI | RZ | | | | t C |
| | | | | (ATTORN | EY-IN-FACT) | | | | | |
| 7 | ru | • | . | | . ANDI | REA M. H | ALCARZ | | | |
| | The undersigned | • | | | | | | | | ······································ |
| hose | address is | 524 Gost | lin, Hammo | ond, Ind | iana | | | | | |
| my | true and lawfu | attorney-in-f | act to do and | perform for | me and in | my name th | e following: | | | |
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Legal Description:

LOT "A" IN RESUBDIVISION OF LOTS 44 TO 48 BLOCK 15, A SUBDIVISION OF THE EAST PART OF THE NORTH SIDE ADDITION, HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 15, PAGE 19, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

LAKE COUNTY FILED FOR RECORD

| IN FURTHERANCE OF THESE POWERS IN The property of the property | | |
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| as fully as I could do personally for myself, reservir | ng unto myself, however, the power | to act on my own behalf and |
| also to revoke the powers given in this instrument. | | en e |
| Any act or thing lawfully done by my attorney heirs, assigns and legal representatives. | in-fact under this instrument shall | be binding on me and on my |
| If protective proceedings for my person and/or est | | |
| ANDREA M. HALCARZ ANDREA M. HALCARZ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | as Guardian(s) of my person and s Guardian(s) or Conservator(s), |
| as the case may be, of my estate, to serve without bond | to the full extent permitted by law. | |
| The following named banks, savings and loan associated below may rely on this instrument being in e | | |
| instrument of revocation and delivered it, or caused it t | | |
| Holding Institution | Type of Account | Account Number |
| American Savings & Loan | | |
| J & L Credit Union All other institutions | Any and all accounts | |
| ALL OTHER INSTITUTED | | |
| | | |
| All other persons, firms and corporations to whom and unrevoked by me unless I shall have executed be recorded, in the Office of the Recorder of Lake | a proper instrument of revocation a | and recorded it, or caused it to |
| | ATATOTATA \ | |
| SELECT ONLY ONE OF THE FOLLOWING PROV | VISIONS BY STRIKING ALL INA | |
| A. This Power of Attorney shall not be affected | | |
| it being my intention that this instrument constitution of Attorney Act. | ite a durable power of attorney und | er the Indiana Uniform Durable |
| B. This Power of Attorney shall automatically t | erminate and become null and void | on, |
| | disability or incapacity prior to such | (DATE) |
| C. This Power of Attorney shall not be affect | | |
| null and void upon my disability or incapacity | | |
| D. This Power of Attorney shall automatically to | terminate and become null and void | on (DATE) |
| , or upon my disability or incapa | acity, whichever shall first occur. | (** - / |
| | And the second s | - Late Company and the Company |
| Signed this day ofNovember which shall be considered an original. | , 19 <u>91</u> , in | counterparts, each of |
| which shall be considered an original. | | |
| Counterpart No | | |
| | Charan College | cau / |
| | GRANTOR Anthony A. H. | carz |
| | 211 101 100 | |
| | 316-18-600 | 16 |
| 2 (e.g. 42.52) | GRANTOR'S SOCIAL SECURITY NUMBER 524 Gostlin | |
| | Hammond, Indiana | |
| | GRANTOR'S ADDRESS | |
| • *** | | |
| STATE OF INDIANA) | | |
| COUNTY OF LAKE | | |
| CONTROL | | |
| Before me, the undersigned, a Notary Public in an | | |
| November, 19 91, personally appeared Power of Attorney to be the voluntary act and deed of | | |
| IN WITNESS WHEREOF, I have hereunto set m | w hand and official seal the day and | veer lest above written |
| IN WITNESS WHEREOI, I have hereunto set in | ry hand and official scal the day and | year last above written. |
| | $\bigcap_{a} \Lambda$ | 1/0 |
| | NOTARY PUBLIC | Anleen) |
| | 130 173111 1 00000 | |
| My Commission Expires: 6/26/93 | Resident Of: Lake | County. |
| My Commission Expires: | Notuciii Oi. | County. |
| TAIN T THE ALPH | | |
| This instrument prepared by JOHN J. HALCARZ 9013 Indianapoli | s Blvd. | , Attorney at Law. |
| Highland, IN 463 | | |