

23 Urish Dr.  
→ Sch. 46375

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**DURABLE POWER OF ATTORNEY**  
**OF**  
**JENNIFER C. RUSK n/w/a MASON,**  
**as natural Guardian and Parent of minor daughter,**  
**TYLER RAY RUSK,**

**GRANTOR**

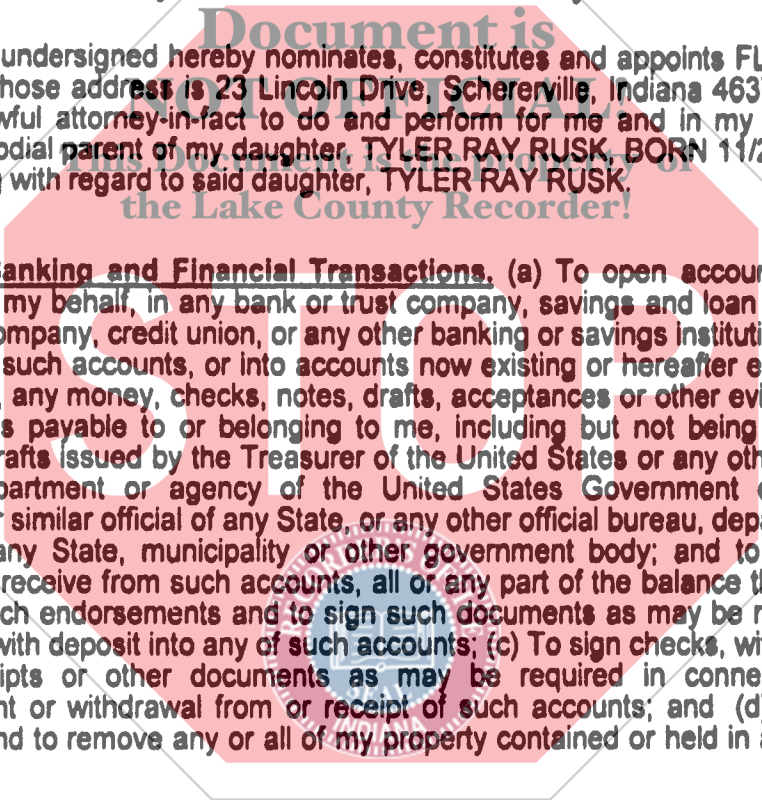
**TO**

→ **FLORENCE INGRAM**  
**ATTORNEY-IN-FACT**

97007110

**[WITHOUT HEALTH CONSENT]**

The undersigned hereby nominates, constitutes and appoints FLORENCE INGRAM, whose address is 23 Lincoln Drive, Schererville, Indiana 46375, as my true and lawful attorney-in-fact to do and perform for me and in my name, as natural custodial parent of my daughter, TYLER RAY RUSK, BORN 11/2/93, all of the following with regard to said daughter, TYLER RAY RUSK.



1. Banking and Financial Transactions. (a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to checks or drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any State, or any other official bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) To make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) To sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) To have access to and to remove any or all of my property contained or held in any safety deposit box.

2. Physical and Welfare Care. To maintain all physical custody and all rights relative to the health, education and welfare of my daughter, inclusive of, but not limited to, all educational, health, and welfare maintenance and care for my daughter, TYLER RAY RUSK, such as daycare enrollment, doctor and hospital care and all medical care, recreational pursuits, primary, secondary and other school enrollments and activities and pursuits, as Loco Parentis for my daughter's overall best interests as the Attorney-in-Fact, FLORENCE INGRAM, may in her sole and exclusive discretion so determine. I empower said Attorney-in-Fact to exercise these powers in any State where said Attorney-in-Fact may personally reside or travel, in or out of the State of Indiana.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
97 FEB - 5 AM 11:14  
MONICA J. CARTER  
RECORDER

17.00  
SM  
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I specifically also intend in my grant of health care powers to include all those powers currently set forth under I.C. 30-5-5-16, et seq., namely for my Attorney-in-Fact to employ or contract with servants, companions, or direct or indirect health care providers for my daughter, to consent or refuse to consent to health care for her, to admit or release her from a hospital, health care facility or any institutions, to have access to all my and her records, including medical records concerning my and her condition, as well as to directly converse with all my or my daughter's health care providers as my alter-ego.

3. **Tax Matters.** To prepare, execute and file on my behalf or behalf of my daughter, income and other tax returns and pay any amount determined due; To prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.

4. **Conduct of Business.** To manage my property and to conduct her business affairs, including but not limited to, leasing managing and maintaining any real or personal property which she may own; To recover, obtain and hold possession of any real estate, moneys goods, chattels, debts, or any other thing in which my daughter may have an interest; and to pay, discharge or compromise any of her debts or other obligations.

5. **Securities Transactions.** To purchase or otherwise acquire, to sell or otherwise dispose of, securities including, but not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; To vote any such securities in my or my daughter's name, in person or by proxy; and to receive dividends and other distributions on such securities.

6. **Additional Powers by Incorporation.** I further grant to my attorney-in-fact all of the powers set forth currently under Indiana Statutes I.C. 30-5-5-1 through I.C. 30-5-5-19 et seq., as amended, and being inclusive, but not including the power to withhold health care under I.C. 30-5-5-17 and I.C. 30-5-5-16(b)(2); and in case of conflict with other powers narratively described in this Power, the broader power is to control. Those powers described by reference herein include but are not limited to all Real Property Transactions [30-5-5-2], all Tangible Personal Property Transactions [-3], all Bonds and Shares and Commodity Transactions [-4], all Banking Transactions [-5], all Business Operating Transactions [-6], all Insurance Transactions [-7], all Beneficiary Transactions [-8], all Gift Transactions [-9], all Fiduciary Transactions [-10], all Claims and Litigation [-11], all Family Maintenance Transactions [-12], all Benefits from Military Service [-13], all rights to Records, Reports and Statements [-14], all Estate Transactions [-15], all Health Care Powers [-16] and general authority to do all matters as an alter ego under I.C. 30-5-5-19. I intend this Power of Attorney to be durable in nature and to survive my later incompetence and/or impairment due to physical, mental, or other disability. I understand that these powers do not include the power to withhold health care to my daughter but that I otherwise have authorized my attorney-in-fact to act as alter ego with respect to all possible matters and affairs affecting the person and property of my daughter, TYLER RAY RUSK.

## **REVOCATION**

I hereby revoke all powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

**RESERVATION:** With respect to these powers, it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

Furthermore, this Power of Attorney and the authority I have conferred and specified above shall remain in full force and effect until such time as I may hereinafter revoke the same in writing, provided further, that the same shall not be affected by my subsequent disability, incompetence, or lapse of time.

**RELIANCE:** No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact, shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

**EFFECTIVE CURRENTLY:** This power of attorney shall become effective instanter upon the date I execute and sign this document as indicated below-herein by my name and signature.

This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented. The Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument. The Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he/she shall deem appropriate. Each photocopy shall have the same force and effect as any original. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument. This instrument, and actions taken by the Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

**IN FURTHERANCE OF THESE POWERS,** I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Miscellaneous Records of Lake County, Indiana. This power shall not be affected by my later incompetency, impairment or disability.

Signed this 29 day of January, 1997; before the person named below, as witness, who has duly witnessed my signing of this instrument in two (2) counterparts, each of which shall be considered an original.

Jennifer C Rusk Mason  
Grantor- Jennifer C. Rusk n/k/a Mason

307-84-7852  
Grantor's Social Security No.

Document is  
**NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!  
**NOTARY PUBLIC TO GRANTOR'S SIGNATURE**

Current address:  
8314 Taft Street  
Merrillville, IN 46410  
(219) 736-7678

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**STOP**

Before me, the undersigned, a Notary Public in and for said County and State, this 29th day of January, 1997 personally appeared the Grantor named above, and acknowledged the execution of the above and foregoing Power of Attorney to be his/her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Diane R. Chisholm  
Notary Public

My Commission Expires:  
March 25, 2000

County of Residence:  
Lake

**DIANE R. CHISHOLM**  
NOTARY PUBLIC, Lake County, Indiana  
My Commission Expires March 25, 2000  
Resident Of Lake County, Indiana

