

STATE OF INDIANA
LAKE COUNTY
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DURABLE GENERAL POWER OF ATTORNEY AND
APPOINTMENT OF HEALTH CARE REPRESENTATIVE

APR 08 1999

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Chicago Tide Insurance Company

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By: MARGARET C. GOVERT

PETER BENJAMIN
LAKE COUNTY AUDITOR

I APPOINT, first, my daughter, MICHELE ROSENBAUM, whose address is 20 Pacific Street, Hebron, IN 46341, or alternatively and upon any of the conditions expressed near the end of this instrument, my daughter, MARGARET SCHOLL, whose address is 318 Villa Drive, Lake St. Louis, MO 63367, COLLECTIVELY AND WHEN ACTING JOINTLY, OR THE SURVIVOR OF THEM, my attorney-in-fact to do any lawful act for me in my name.

By way of illustration only, and not intending any limitation, I specifically grant to my attorney-in-fact the POWER TO:

1. Buy, receive, lease, accept, or otherwise acquire any property. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.) Sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber any property. Contract or agree for the acquisition, disposition, or encumbrance of any property.

2. Take, hold, possess, invest, lease, let, or otherwise manage my property. Eject, remove, or relieve tenants, holders, or others of possession of my property. Maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve my property. Enter safety deposit boxes and remove or deposit items.

3. Transact any kind of business, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable to or by me.

4. Make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, mortgages, security agreements, hypothecations, checks, notes, bonds, vouchers, receipts, and other instruments.

5. Deposit or withdraw in either my name, the attorney's name, or jointly in both names, funds, negotiable paper, credit, rights, or money that may come into the attorney's hands or that may be on deposit for me.

6. Institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

7. Act as attorney or proxy with respect to any securities, shares, stocks, bonds or other investments, rights, or interests.

8. Prepare, execute, and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.

9. Disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

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10. Disclaim gifts, inheritances, or other transfers to me.

11. Purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases.

12. My attorney-in-fact shall NOT, however, have any authority to deal with any insurance that I may own upon the life of the attorney-in-fact.

13. Perform every act, deed, matter, and thing with respect to my estate, property, and affairs as fully and effectually as I might if personally present and acting.

14. Also, to perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, inter alia, selection of my abode, employment companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents.

15. Serve as my health care representative in the event of my incapability of consenting, as authorized by IC 16-8-12, and, to this end: select, engage, and discharge health care providers and facilities; authorize relief from pain; grant releases to health care providers and facilities; give, withdraw, or withhold consent to health care; delegate all or a part of this authority to any eligible individual who has not been disqualified as provided in IC 16-8-12. (This appointment of a health care representative is not to be considered a contradiction of a living will I may execute, whether simultaneously, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life-prolonging procedures shall take precedence.)

16. Upon any terms or limitations specified: substitute another in his/her place as my attorney-in-fact under this instrument; remove a substitute and revoke any delegation of authority and make further substitutions and other delegations; engage and dismiss agents, counsel, or employees, and appoint and remove any successor, substitute, or agent; delegate one or more of any of the powers granted in this instrument to one or more persons.

DURABLE EFFECT

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY OR BY LAPSE OF TIME. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my attorney-in-fact under this power be appointed to that office.

CONDITIONS PRECEDENT TO AUTHORITY OF ALTERNATE ATTORNEY-IN-FACT

In the event of the death, disappearance, disability, or resignation of my first named attorney-in-fact, the appointment of my alternate attorney-in-fact shall become absolute the same as if the first named attorney-in-fact had not been appointed. The disappearance of my first named attorney-in-fact may be established by the certificate of a qualified

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physician stating that the first named attorney-in-fact is unable to manage his own affairs. Any person dealing with my alternate attorney-in-fact shall be fully protected and free from liability for any payment, application, or accumulation made or other action taken in reliance upon such an affidavit of disappearance or such a certificate of disability. The authority of my alternate attorney-in-fact shall continue and be exclusive even if the first named attorney-in-fact shall reappear after a disappearance or recover after a disability.

APPLICABLE LAW

This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

TRUSTS

My attorney-in-fact is expressly authorized to create, revoke, or amend trusts in my name and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust that I may establish.

MINISTERIAL NATURE OF POWERS

It is not my intention to grant any beneficial interests in my estate by this instrument but to grant to my attorney-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be executed in a fiduciary capacity for my benefit and (except for the provision of reasonable compensation for services) not for the personal benefit of my attorney-in-fact.

I REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY.

IN WITNESS OF WHICH, I have signed my name this 15th day of June, 1994.

NAME SIGNED: *Margaret C. Govert*

NAME PRINTED: MARGARET C. GOVERT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, residing in Lake County, Indiana, personally appeared the grantor and acknowledged the execution of the foregoing power of attorney.

WITNESS my hand this 15th day of June, 1994.

Victor J. Roberts

VICTOR J. ROBERTS - Notary Public
Residing - Lake County, Indiana

MY COMMISSION EXPIRES:
September 25th, 1997

This Instrument Prepared By: **VICTOR J. ROBERTS**, Attorney at Law
307 E. Commercial Ave., Lowell, IN 46356

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