## STATE OF INDIVIOUS LAKE COUNTY

## GENERAL POWER OF ATTORNEY

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9908117373 POWER OF ATTORNEY LAMES JEROME EVANS, name MORRIS W. CARTER W. CARTER AMES JEROME EVANS, name MORRIS W. CARTER W. CARTER AMES JEROME EVANS, name MORRIS W. CARTER W. CARTER AMES JEROME EVANS, name MORRIS W. CARTER W.

5 as it exists now and is amended in the future. I hereby revoke any powers of attorney

executed by me prior to the date of this power of attorney.

1. As my attorney-in-fact, I name my wife PARTHENIA ALEXANDER EVANS, whose address and telephone number as of this date are 2725 Cardinal Drive, East Chicago, Indiana, Telephone: (219) 397-7737.

- 2. My attorney-in-fact shall-only be liable for actions undertaken in bad faith.
- 3. This power of attorney shall be effective as of the date I have signed it.
- 4. I give to my attorney-in-fact or any successor attorney-in-fact, the powers the Lake County Recorder! specified in this section to be used on my behalf, PROVIDED that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property.

Specifically I give my attorney-in-fact authority with respect to:

a. real estate property transactions pursuant to IC 30-5-5-2

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b. tangible personal property pursuant to IC 30-5-5-3

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- c. bond, share and commodity transactions pursuant to IC 30-4KE COUNTY AUDITOR
- d. banking transactions pursuant to IC 30-5-5-5
- e. business operating transactions pursuant to IC 30-5-5-6
- f. insurance transactions pursuant to IC 30-5-5-7 as amended
- g. beneficiary transactions pursuant to IC 30-5-5-8
- h. gift transactions pursuant to IC 30-5-5-9
- i. fiduciary transactions pursuant to IC 30-5-5-10

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- j. pursuing claims and litigation pursuant to IC 30-5-5-11
- k. family maintenance pursuant to IC 30-5-5-12
- l. benefits from military service pursuant to IC 30-5-5-13

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- m. records, reports and statements pursuant to IC 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.
- n. estate transactions pursuant to IC 30-5-5-15
- o. delegation of authority pursuant to IC 30-5-5-18
- p. all other matters pursuant to IC 30-5-5-19
- 5. I have been given a copy of the aforementioned Indiana Code sections and I have read and understood them.
- 6. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I request that either of my attorneys in fact act on my behalf or as my guardian.
- 7. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

Date: January 6, 1998.

JAMES JEROME EVANS

Social Security No.: 265-26-3898

STATE OF INDIANA

)SS:

COUNTY OF LAKE

The undersigned, a notary public in and for the above county and state, residing in Lake County, Indiana, certifies and witnesses that the abovesigned, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: January 6, 1998.

**My Commission Expires:** 

May 28, 2000

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DONALD STEPANOVICH, Notary Public

Resident of Lake County

THIS INSTRUMENT WAS PREPARED BY DONALD STEPANOVICH, 9717 Prairie Avenue, Highland, IN 46322.