Note: Use of this form constitutes practice of law and is limited to practicing lawyers. Rev. 12-85

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 001420

2000 JAN -7 AM 10:16

MORRIS W. CARTER
RECORDER

GENERAL DURABLE POWER OF ATTORNEY

I, BERTHA DARIA, of LAKE County, State of INDIANA, being at least 18 years of age and mentally competent, do hereby designate EDITH URBANIK, of LAKE County, State of Indiana, as my true and lawful attorney-in-fact.

I. Powers:

The above named attorney-in-fact shall have the following powers:

To make, draw and indorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

To make and execute any and all contracts;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same;

To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;

To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation or support;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded);

To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or any local government unit and to prepare, sign and file any documents or forms that may be required in these matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

II. Effective date: (delete inapplicable provision)

(A) ~~This Power of Attorney shall become effective on the _____ day of _____, 19__, and shall not be affected by my subsequent disability or incompetence.~~

OR

(B) In the event no date is inserted in (A) above, this Power of Attorney shall become effective upon my disability or incompetence.

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JAN 07 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

III. Termination: (delete inapplicable provisions)

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

(A) I have executed and recorded in the Recorder's Office of the County of my domicile a written revocation hereof.

~~(B) The _____ day of _____, 19__.~~

(C) _____.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IV. Guardianship: (optional)

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint EDITH URBANIK to serve as guardian.

HOLD FOR FIRST AMERICAN TITLE

00248

16.00
E.P.
FH

F30455

V. In addition to the foregoing, and although the foregoing is intended to cover all health care decisions as defined under the Health Care Consent Law of the State of Indiana pursuant to Burns Indiana Statutes Annotated, Code Edition, Section I.C. 16-8-12-1 through I.C. 16-8-12-12 as well as any and all subsequent amendments or modifications thereof, I, nevertheless, want it expressly understood that the within General Durable Power of Attorney is intended to cover any and all health care decisions for me at any time when I have lost the capacity to make such health care decisions for myself, including the right to give informed consent, to refuse to give informed consent, or to withdraw informed consent, to any health care that is being or could be provided to me.

VI. It is the express intention of the undersigned, as Principal, that this General Durable Power of Attorney shall be a so-called "Springing General Durable Power of Attorney", that is, that the same shall become effective only upon the incompetence of the Principal, BERTHA DARIA, pursuant to the Burns Indiana Statutes Annotated, Code Edition, Section I.C. 30-2-11-1 through Section I.C. 30-2-11-7 as well as all subsequent amendments or modifications thereof, or, in the alternative, in the event that the personal physician and/or his associate should designate in writing that the within Grantor of the within Power is not sufficiently competent to attend to her personal and/or business affairs.

VII. Furthermore, the within General Durable Power of Attorney is made, executed and the authority conferred herein shall be exercisable notwithstanding the Principal's subsequent incompetence as defined in I.C. 29-3-1-7.5 and the authority of the within Attorney in Fact, EDITH URBANIK, is exercisable by her as provided in the power on behalf of the Principal, BERTHA DARIA, notwithstanding later incompetence of the Principal at Law or later uncertainty as to whether the Principal is dead or alive pursuant to I.C.30-2-11-1. All acts done by the Attorney in Fact or Agent, EDITH URBANIK, pursuant to the Power during any period of incompetence or uncertainty as to whether the Principal is dead or alive shall have the same effect and inure to the benefit of, and bind the Principal or her heirs, devisees, and personal representatives as if the Principal were alive and competent pursuant to I.C.30-2-11-1 et seq.

VIII. And in the event that my Attorney in Fact, EDITH URBANIK, should refuse, be deceased or unable to so act, I then nominate, constitute and appoint my beloved daughter, INGEBORG KLACIK, as Successor Attorney in Fact, all in accordance with the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of October, 1992.

Bertha Daria
BERTHA DARIA

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 6th day of October, 1992 personally appeared BERTHA DARIA, who acknowledged the execution of the foregoing General Durable Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the Attorney in Fact as the Grantor's health care representative as authorized under the Indiana Health Care Consent Law, to wit: I.C. 16-8-12-1, et seq.

My Commission Expires:
10/6/92

Benedict R. Danko
BENEDICT R. DANKO, Notary Public
Resident of Lake County

This Instrument Prepared By: DANKO & GOLDSMITH, Attorneys at Law

10/11/99

TO WHOM IT MAY CONCERN:

I examined Bertha Daria on 10/11/99 and have determined she is incapable of handling her personal and/or business needs.

NIRAV P. CHUDGAR, M.D.
INTERNIST

WHITING MEDICAL CENTER
2075 Indianapolis Blvd.
Whiting, IN 46394
(219) 659-7000 (24 Hrs.) • (773) 660-0800

V.D.L. MEDICAL CENTER
9133 South Stony Island
Chicago, IL 60617
(773) 978-0666 (24 Hrs.)

N.P. Chudgar

_____ HAS AN APPOINTMENT ON

_____ DAY _____ MONTH _____ DATE

AT _____ A.M. _____ P.M.

PLEASE TELEPHONE ONE DAY IN ADVANCE IF YOU WILL BE UNABLE TO KEEP THE APPOINTMENT

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave
Suite 104
Valparaiso, Indiana 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
EDITH B. URBANIK	FEMALE	2:16 PM	August 19, 1999

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
304-32-8032	66			January 31, 1933	Whiting, INDIANA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
NO	N/A	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
PORTER MEMORIAL HOSPITAL	VALPARAISO	PORTER

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Eugene R. Urbanik	Homemaker	Own Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	WHITING	1616 Central Avenue

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46394	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Henry Lange	Bertha Daria

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Eugene R. Urbanik	1616 Central Ave., Whiting, IN 46394	Husband

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	August 23, 1999 HOLY CROSS CEMETARY	Calumet City, ILLINOIS

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
THOS. OWENS	FDE 1001049	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Thos Owens	FDE 1001049	OWENS FUNERAL HOME FDH 3007291 816-119th St., Whiting, IN 46394

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Congestive Heart Failure — Approximate Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF)
b. Cerebro Vascular Accident
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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JAN 07 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	N/A

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Linda Rosenberg, MD	02000824	8/26/99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM(26) (Type/Print) 5500 Hohman Ave Hammond, IN 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Gary A. Babulski MD	August 27, 1999

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R5/1-99)