

STATE OF INDIANA
POWER OF ATTORNEY LAKE COUNTY
FILED FOR RECORD

2000 018383

2000 MAR 17 AM 10:34

KNOW ALL MEN BY THESE PRESENTS, that I/~~we~~, Vennie Jo Hirschfield
of 851 Elmer, have made, constituted and appointed Dave H.
Hirschfield of 851 Elmer St., as my/~~our~~ true and
lawful attorney for me/~~us~~ and in my/~~our~~ name, place and stead to bargain and sell for
Me for such price and upon such terms as my/~~our~~ attorney
shall think best the following described real estate in Lake County, Indiana.

LEGALLY DESCRIBED AS:

The south 10.35 feet of Lot 15 (Except the East 2 feet thereof) All Lot 16
(except the East 2 feet thereof), Block 1 in Grugel's Glen Park 1st Addition,
Section #4, in the Town of Griffith, as per plat thereof, recorded in Plat
Book 34 page 45, in the office of the Recorder of Lake County, Indiana.

COMMONLY KNOWN AS:

851 Elmer
Griffith IN 46319

I/~~we~~ give and grant unto my/~~our~~ attorney full power and authority to sign on my/~~our~~
behalf a warranty deed, with or without covenants usual and customary in such deeds,
conveying the fee simple interest in and to said real estate to Sharon J. Crane.

I/~~we~~ give and grant unto my/~~our~~ attorney full power and authority to do and perform
all and every act and thing whatsoever requisite and necessary to be done on the premises,
including signing all closing documents on my/~~our~~ behalf and disbursing from the selling
price all costs involved in the selling of said property, as fully, to all intents and
purposes, as I/~~we~~ might or could do if personally present, with full power of substitution
and revocation, hereby certifying and confirming all that my/~~our~~ said attorney or his/~~her~~
substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I/~~we~~ have hereunto set my hands to this instrument this
17th day of FEBRUARY, 2000.

X VENNIE JO HIRSCHFIELD
Soc. Sec. # 418-38-4876
Kim WIELOCHOWSKI Soc. Sec. #
JULIA LEE
SHIRLEY LEE
WITNESS
WITNESS
WITNESS

FILED
MAR 17 2000

WITNESS
STATE OF INDIANA
COUNTY OF LAKE

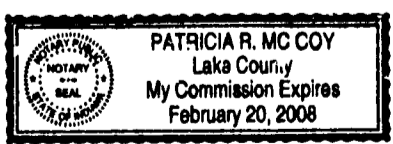
PETER BENJAMIN
LAKE COUNTY AUDITOR

Before me/us, the undersigned, a Notary Public in and for said County and State,
this 17th day of FEBRUARY, 2000, personally appeared
VENNIE JO HIRSCHFIELD and acknowledged the
execution of the fore-going Power of Attorney.

IN WITNESS WHEREOF, I/~~we~~ have hereunto subscribed my/~~our~~ name and affixed my official
seal.

Peter Benjamin
Notary Public

My Commission Expires:
2/20/08



My County of Residence:
LAKE

Prepared By: Dave Hirschfield

HOLD FOR FIRST AMERICAN TITLE

14.00
E.P.
FA

NURSE'S
PHYSICIAN'S REPORT

Dr. _____, a ~~physician~~ ^{NURSE} holding an unlimited license to practice ~~medicine~~ ^{NURSING} in the State of Indiana, submits the following report on VENNIE JO HIRSCHFIELD, "Patient", based upon examination of Patient.

1. Set forth the dates of all examinations of the Patient within the last one (1) year from the date hereof.

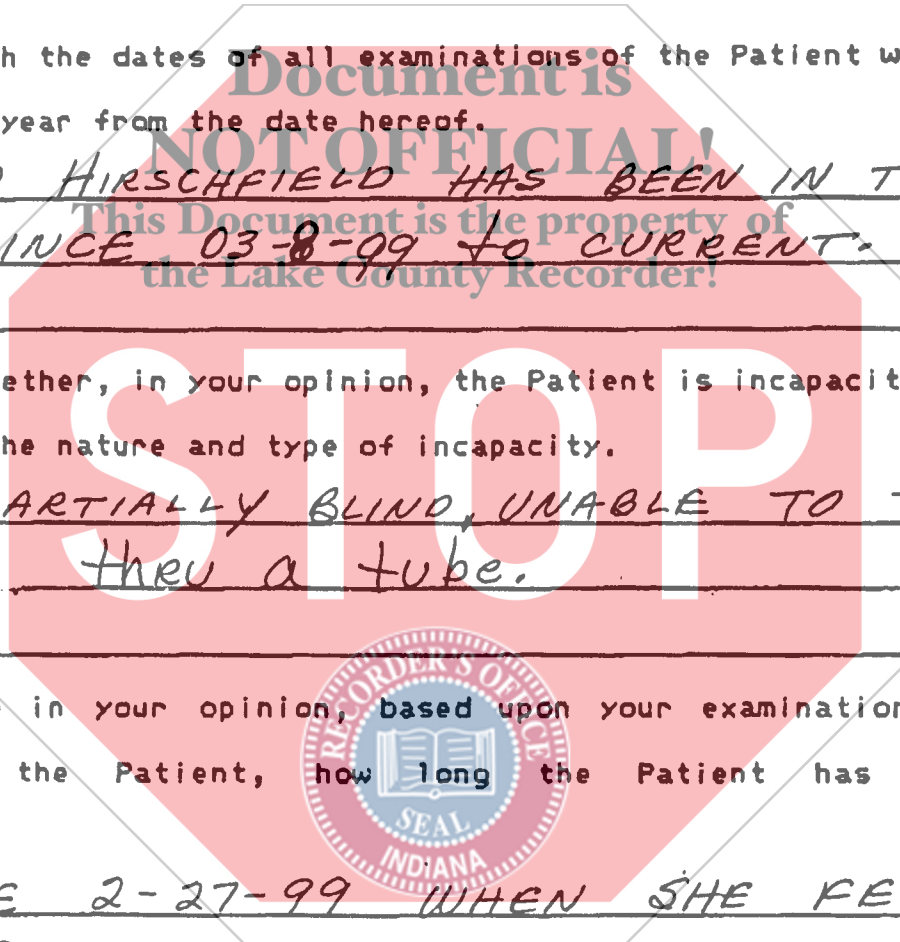
VENNIE JO HIRSCHFIELD HAS BEEN IN THIS FACILITY SINCE 03-8-99 TO CURRENT.

2. State whether, in your opinion, the Patient is incapacitated. If so, describe the nature and type of incapacity.

SHE IS PARTIALLY BLIND, UNABLE TO TALK + IS fed thru a tube.

3. State in your opinion, based upon your examination and observation of the Patient, how long the Patient has been incapacitated.

SINCE 2-27-99 WHEN SHE FELL + BROKE HER NECK.



4. State whether, in your opinion, the Patient is totally or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which the Patient can and cannot make. Include the reason for this opinion.

THE PATIENT IS PARTIALLY INCAPABLE OF MAKING PERSONAL + FINANCIAL DECISIONS. SHE IS ABLE TO MAKE PERSONAL DECISIONS CONCERNING HER PHYSICAL BEING

5. State whether, in your opinion, the Patient has the mental capacity to execute a Deed or Power of Attorney and fully understand the consequences thereof.

SHE UNABLE TO PHYSICALLY EXECUTE A DEED OR POWER OF ATTORNEY BUT CAN UNDERSTAND THE CONSEQUENCES THEREOF.

6. State whether, in your opinion, the Patient has had the mental capacity to execute a Deed or Power of Attorney in the past, if so, for what period of time and did he/she fully understand the consequences thereof. Include the reasons for your opinion.

THE PATIENT DID HAVE THE MENTAL CAPACITY TO EXECUTE A DEED +/OR P.O.A. IN THE PAST, PRIOR TO 2-27-99.

I affirm, under the penalties of perjury, the above and foregoing is true and correct to the best of my knowledge and belief.

Signed: Kenneth W. [Signature] RN

Address: 8380 Virginia

Telephone: 769-9009

Dated: 3-11-00