

STATE OF INDIANA  
Notice: The powers granted by this general power of attorney are extremely broad and sweeping. If you have any questions, obtain competent legal advice. This document does not authorize anyone to make medical or other health care decisions for you. You may revoke this power of attorney if you later wish to do so.

# 2000 020970 GENERAL POWER OF ATTORNEY

(Durable)

H 62000522LD

KNOW ALL MEN BY THESE PRESENTS, that I, Nora G. Thebault

the undersigned Principal residing at Dyers Rehab & Nursing Home

grant a general power of attorney to Robert W. Thebault

residing at 1031 I73rd. St., Hammond, Indiana, and appoint said individual as my attorney-in-fact to act in my name, place and stead in any way which I myself could do if I were personally present, including but not limited to the following:

- a. To ask, demand, receive, sue for and recover all sums of money and any and all other property, tangible or intangible, due or hereafter to become due and owing, or belonging to me, and to make, give and execute, receipts, releases, satisfactions, or other discharges therefor.
- b. To make, execute, endorse, accept, and deliver in my name or in the name of my attorney-in-fact all checks, notes, drafts and all other instruments, of whatsoever nature, as to my said attorney-in-fact may deem necessary to conserve my interests and/or exercise the rights and powers granted herein.
- c. To execute, acknowledge and deliver any and all contracts, deeds, leases, and any other agreement or document affecting any and all property now owned by me or hereafter acquired.
- d. To enter into and take possession of any real estate belonging to me, the possession of which I may be or may become entitled, and to receive in my name and to my use any rents and profits belonging to me, and to lease such real estate in such manner that my attorney-in-fact shall deem necessary and proper; and from time to time to renew leases.
- e. To commence, prosecute, compromise, settle, adjust and/or discontinue any claims, suits, actions or legal proceedings for the recovery of sums of money or property now or hereafter due or to become due, or held by or belonging to me.
- f. To prepare, or cause to be prepared all tax returns; to execute and file tax returns in my name and on my behalf; and to settle tax disputes.
- g. To take any and all action necessary and proper to carry on, conduct and manage my business affairs, and to engage in and transact any lawful business in my name and on my behalf.
- h. To defend, all actions and suits which shall be commenced against me, and to compromise, settle, and adjust all actions, accounts, dues, and demands in such manner as my said attorney-in-fact shall deem appropriate.
- i. To do and perform every act and thing necessary or proper in the exercise of any of the rights and powers herein granted, as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

**1. Interpretation.** This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights, or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my attorney-in-fact.

**2. Durable Nature of Power of Attorney.** This power of attorney shall not be affected by my subsequent disability, incapacity or incompetence.

**3. Requirements For Revocation of Power of Attorney.** I may revoke this power of attorney by giving written notice to the attorney-in-fact. However, such revocation shall not be effective as to a third party who relies in good faith upon this power of attorney unless such third party has actual or constructive knowledge of the revocation or the revocation has been recorded in the public records where I reside.

**4. Acceptance of Attorney-In-Fact Appointment.** By signing this document, my attorney-in-fact accepts the appointment as my attorney-in-fact.

**5. Nomination of Guardian (Conservator).** If a guardian (conservator) is to be appointed for me,

I nominate \_\_\_\_\_ to serve as my guardian (conservator).

**6. Special Instructions.**

This instrument prepared by Nora G. Thebault

**FILED**

MAR 27 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR



REDIFORM 10205

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WHEREFORE, the following parties sign this instrument on this 9 day of Feb, 2000

Witness MARY SIMKINS

Principal NORA TUEBAULT

Address 601 Sheffell Duplex 4634

Witness CHERYL FOX

Attorney-In-Fact ROBERT W TUEBAULT

Address 601 Sheffell Duplex 46311

MARY J. SIMKINS  
Notary Public, State of Indiana  
County of Lake  
My Commission Expires 3-27-01

STATE OF Indiana )  
COUNTY OF LAKE )

On 2-9-00 before me, MARY J. Simkins  
(date) (name and title of officer taking Acknowledgement)

personally appeared Nora G. Thebault  
Mary Simkins  
(name(s) of person(s) signing instrument)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

X Mary J. Simkins  
Signature MARY J SIMKINS



STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
(date) (name and title of officer taking Acknowledgement)

personally appeared \_\_\_\_\_  
(name(s) of person(s) signing instrument)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Read the instructions and other important information on the package. When using this form you will be acting as your own attorney since Rediform, its advisors and retailers do not render legal advice or services. Rediform, its advisors and retailers assume no liability for loss or damage resulting from the use of this form.

REDIFORM 10205

GENERAL POWER OF ATTORNEY (Durable)

Principal  
Nora G. Thebault  
Attorney-In-Fact  
Robert W. Thebault

Dated: 02-09-00