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DURABLE POWER OF ATTORNEY

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I, **ELEANOR A. SOLOMON**, being at least 18 years of age and mentally competent, do hereby designate and appoint my daughter, **JACQUELINE MCNABB**, my true and lawful attorney-in-fact.

RECORDED

I. **POWERS** I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Indiana Code §30-5-5. The powers given herein shall be considered limited so 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 and which would cause that property to be taxed as owned by the attorney-in-fact, it being my intention not to grant any beneficial interests in my estate by this instrument. My attorney-in-fact shall have the following powers:

Real Property. Authority with respect to real property transactions pursuant to Indiana Code §30-5-5-2.

Tangible Personal Property. Authority with respect to tangible personal property pursuant to Indiana Code §30-5-5-3.

Bonds, commodities and shares. Authority with respect to bonds, commodities and shares pursuant to Indiana Code §30-5-5-4. This authority shall not exclude any power to purchase commodities, and power to sell short or to initiate a margin transaction and any power to purchase put or call options. This authority shall include the power to purchase United States Government obligations which are redeemable at par value in payment of estate taxes imposed by the United States Government.

Banking. Authority with respect to banking transactions pursuant to Indiana Code §30-5-5-5.

Business. Authority with respect to business operating transactions pursuant to Indiana Code §30-5-5-6.

Insurance. Authority with respect to insurance transactions pursuant to Indiana Code §30-5-5-7 providing that references in Indiana Code §30-5-5-7(a)(2) and (3) to "Section 8" shall refer to "Section 9". This authority shall not include the right to change, directly or indirectly, the beneficiary of any policy insuring my life to any natural person. This authority shall include full power to apply for and otherwise deal with Medicare and Medicaid benefits.

Beneficiary. Authority with respect to beneficiary transactions pursuant to Indiana Code §30-5-5-8.

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Fiduciary. Authority with respect to fiduciary transactions pursuant to Indiana Code §30-5-5-10.

Claims and litigation. Authority with respect to claims and litigation pursuant to Indiana Code §30-5-5-11.

Family Maintenance. Authority with respect to family maintenance pursuant to Indiana Code §30-5-5-12.

Military Service Benefits. Authority with respect to benefits from military service pursuant to Indiana Code §30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Veterans Administration.

Records, Reports and Statements. Authority with respect to records, reports and statements pursuant to Indiana Code §30-5-5-14, including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

Estate Transactions. Authority with respect to estate transactions pursuant to Indiana Code §30-5-5-15.

Delegate. Authority with respect to delegating authority pursuant to Indiana Code §30-5-5-18.

All Other Matters. Authority with respect to all other matters pursuant to Indiana Code §30-5-5-19.

II. **GUARDIAN**

If it becomes necessary to secure the appointment of a guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate probate court to appoint my daughter, JACQUELINE MCNABB, as my guardian or as the person to act on my behalf.

IV. **LIABILITY AND INDEMNITY**

My attorney-in-fact shall only be liable for actions undertaken in bad faith; provided however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. 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.

V. **EFFECTIVE DATE AND INCAPACITY**

A. This power of attorney shall be effective:

Upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence shall not affect or terminate this Power of Attorney.

C. This power of attorney shall terminate:

Upon the execution and recordation of a written revocation hereof, with the Recorder's Office of the County of my domicile.

VI. **REVOCACTION**

I hereby reserve the right to revoke this power of attorney at any time. My attorney-in-fact shall have the power to revoke all powers of attorney previously executed by me.

IN WITNESS WHEREOF, I have hereunto set my hand this 31st day of July 2000.

Eleanor A. Solomon
ELEANOR A. SOLOMON
SSN: 314-24-3640

STATE OF INDIANA

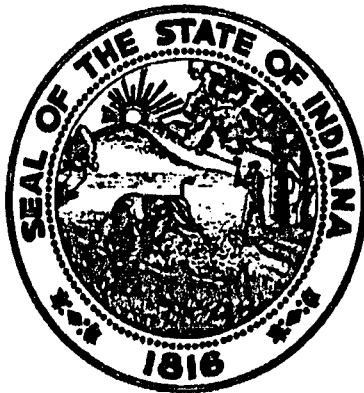
COUNTY OF PORTER ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Eleanor A. Solomon, and acknowledged the execution of the above and foregoing Power of Attorney. IN WITNESS WHEREOF, I do hereby set my hand and notarial seal this 31st day of July 2000.

My commission expires: 4/14/01 David R. Pawlowski
Notary Public

County of Residence: LAKE DAVID R. PAWLOWSKI
Notary's name printed.

This instrument was prepared by David R. Pawlowski, Forzst, Pawlowski & Smith, 390 West U.S. Highway 6, Suite 1151, Valparaiso, IN 46385.



Official Stamp

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RECORDER

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Name ELEANOR SOLOMON

Address 360 W. 61st AVE. APT. 303

City St Zip HOBART, IN. 46342

Telephone 219-947-7041

Signature Printed _____

Signature Written _____

Date of Signature _____

Check Number _____

Check Amount CASH 13.00

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Check Equals Amount Due Yes No

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