Form 19 (Indiana)

POWER OF ATTORNEY

I, MARILYN MEZNARICK 1235 WEST BROOK CT. CR. PT. IN (insert your name and address) appoint JERRY MEZNARICK 226 W 900 S HEBRON, IN (insert the name and address of the person appointed) as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects, as each subject is defined and described in the Annotated Indiana Code, which is incorporated by reference herein:

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD. THE ANNOTATED INDIANA CODE SECTIONS NOTED ARE INCORPORATED BY REFERENCE.

LEGAL:
BROOKSIDE S4B
PHASE #2 L. 62
28-9-507-12

INITIALS		
MM	a.	ALL POWERS (b THROUGH p) LISTED BELOW.
	b	Real property transactions. (Ann. Ind. Code § 30-5-5-2)
	c.	Tangible personal property transactions. (Ann. Ind. Code § 30-5-5-3)
	d.	Bond, share and commodity transactions. (Ann. Ind. Code § 30-5-5-4)
	e.	Banking transactions. (Ann. Ind. Code § 30-5-5-5)
	f.	Business operating transactions. (Ann. Ind. Code § 30-5-5-6)
	g.	Insurance transactions. (Ann. Ind. Code § 30-5-5-7)
	h.	Beneficiary transactions. (Ann. Ind. Code § 30-5-5-8)
	i.	Gift transactions. (Ann. Ind. Code § 30-5-5-9)
	j.	Fiduciary transactions. (Ann. Ind. Code § 30-5-5-10)
	k.	Claims and litigation. (Ann. Ind. Code § 30-5-5-11)
	l.	Family maintenance. (Ann. Ind. Code § 30-5-5-12)
	m.	Benefits from military service. (Ann. Ind. Code § 30-5-5-13)
	n.	Records, reports, and statements. (Ann. Ind. Code § 30-5-5-14)
	o.	Estate transactions. (Ann. Ind. Code § 30-5-5-15)
	p.	Health care powers. (Ann. Ind. Code §§30-5-5-16 and 16-36-1)

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If you checked "Health care powers," and wish your agent to be able to withdraw or withhold health care as described below, check the following box:

☒ I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time based on my previously expressed preferences and the diagnosis and prognosis my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.
My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available.

CHECK ONE OF THE FOLLOWING BOXES:

☐ This power of attorney shall terminate upon my disability, incapacity or incompetence.

☐ This power of attorney is effective immediately, and shall not be affected by my disability, incapacity or incompetence.

☒ This power of attorney will become effective upon my disability, incapacity or incompetence.

1:02

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

SEP 1 2000

Signed this 8th day of March, 2000.

Marilyn Meznarick
(Your signature)

305 28 6782
(Your social security number)

PETER BENJAMIN
LAKE COUNTY AUDITOR

State of Indiana
(County) of Lake

On this 8th day of March, 2000, before me, personally appeared Marilyn Meznarick (name of principal), who is personally known to me or provided Driver's License as identification, and acknowledged that he or she executed it.

Esther Jonevich
Notary Public

My Commission Expires
June 26, 2007

00061

10.00

Official Stamp

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2000 SEP -1 PM 1:03

JOHN E. CHAPTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name	MARILYN MEZNARICK
Address	1235 WESTBROOK CT
City St Zip	CROWN POINT, IN 46307
Telephone	661-1311
Signature Printed	Marilyn Meznarick
Signature Written	MARILYN MEZNARICK
Date of Signature	9/1/00
Check Number	
Check Amount	CASH $2.00

Office Use Only

Check Equals Amount Due	☐ Yes ☐ No
Total	
Initials	A.C