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STATE OF MUZICA LAKE COUNTY FILED FOR FILL 190

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MORRIS W. CARTER

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

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## **POWER OF ATTORNEY**

OF

HARRIET KUTKA A/K/A HARRIET T. KUTKA

PRINCIPA

TO

DENNIS KUTKA

## ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. POWERS. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them: \*\*SEE ATTACHED ADDENDUM

real property transactions;	[IC 30-5-5-2)	fiduciary transactions;	[IC 30-5-5-10]
tangible personal property transactions;	(1C 30-5-5-3)	claims and litigation;	[IC 30-5-5-11]
bond, share, and commodity transactions;	(IC 30-5-5-4)	family maintenance;	[IC 30-5-5-12]
banking transactions;	(IC 30-5-5-5)	benefits from military service;	[IC 30-5-5-13]
business operating transactions	[IC 30-5-5-6]	records, reports, and statements;	[IC 30-5-5-14]
insurance transactions;	[IC 30-5-5-7]	estate transactions;	[IC 30-5-5-15]
beneficiary transactions;	(IC 30-5-5-8)	all other matters.	[IC 30-5-5-19]
gift transactions:	[IC 30-5-5-9]		

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. RESERVATION OF POWER TO ACT AND TO REVOKE. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. CHAPTERS OF STATUTE ALSO APPLICABLE. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions [IC 30-5-2]

General Provisions [IC 30-5-3]

Duties [IC 30-5-6]

Termination [IC 30-5-10]

D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution	Type of Account	Account Number
	F	LED
All other persons to whom this Power of Attorney may be delivered ms changing it and recorded such instrument, or caused it to be recorded Indiana.	v rely on its heing in effect unless I shall have	executed a proper instrument revoking of

aused it to be recorded, in the Office of the Recorder of Spines 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR
HOLD FOR FIRST AMERICAN TITLE

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give my attorney in fact power to enter or have access to that box and to am in. I give the power also to remove property from such box or add property to given are in addition to those incorporated into this Power of Attorney by DURATION OF POWER OF ATTORNEY. SELECT ONLY ONE OF THE FOR sufficient striking, provision a applies:  1. This Power of Attorney is not terminated by my incapacity.  2. This Power of Attorney is not terminated by my incapacity.  3. This Power of Attorney is not terminated by my incapacity.  3. This Power of Attorney is not terminated by my incapacity.  3. This Power of Attorney is not terminated by my incapacity.  3. This Power of Attorney is not terminated by my incapacity.  3. This Power of Attorney is not terminated by my incapacity.  4. This Power of Attorney is not terminated by my incapacity.  5. This Power of Attorney in fact when the person of for my estate, or y person, andDENNIS_KUTKA	it, and to relocate such by reference.  LOWING PROVISIONS BY  Advisory of attorney I signed by In case of failure to struct of my estate, to serve in the idesignate and name and has/have failed or cert under this Power of Attobe such successor.	STRIKING ALL INAPI STRIKING ALL	institution or at another. F PLICABLE PROVISIONS: [:  (trial)  (tr	Power of the case
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E OF INDIANA, COUNTY OF LAKE SS:	MOUND STILL			
efore me, the undersigned, a Notary Public in and for said County and St	ate, this 10TH		*	
T	ed the principal named ab and purposes therein st	ove, signed this rower ated.	r of Attorney, and acknow	teage
WITNESS WHERBOR I have hereunto set my hand and official seal the			1	
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6/13/07	TAVE	y public's name, printe E		Oa
instrument prepared by THOMAS L. KIRSCH, 131 Ridg	Kesident of			Count

Friday St.

## ADDENDUM TO THE POWER OF ATTORNEY

I, THE UNDERSIGNED BUYER OF A CERTAIN PROPERTY LOCATED AT 548 Blue

Jay Way, Dyer, IN, (Legal: Lot 70 in Meadows of Dyer, Phase Two B,

an Addition to the Town of Dyer, as per plat thereof, recorded in Plat

Book 84, page 99, in the Office of the Recorder of Lake County, Indiana)

CERTIFY THE POWER OF ATTORNEY IS SPECIFICALLY FOR THE PURCHASE OF THE

ABOVE PROPERTY.

NOT OFFICIAL!

HARRIET T. KUTKA (BORROWER)

DENNIS KUTKA, POWER OF ATTORNEY FOR HARRIET T. KUTKA

the property of

SUBSCRIBED TO AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR LAKE COUNTY, INDIANA, THIS 30th DAY OF AUGUST, 2000.

PARTE)S

BETH A. KOLBERT NOTARY PUBLIC STATE OF INDIANA Resident of Lake County

My Commission Expires July 11, 2001