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2002 DURABLE POWER OF ATTORNEY

JAN 22 2002 11:52

I, **Judith S. Tokarz**, being at least eighteen (18) years of age and mentally competent, do hereby designate and appoint **Anthony J. Tokarz and David M. Tokarz** my true and lawful attorneys-in-fact.

2002

**I. POWERS.** I give to my attorneys-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 I.C., 30-5-5. The powers given herein shall be considered limited so that my attorneys-in-fact shall not have any power which would cause my attorneys-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 attorneys-in-fact, it being my intention not to grant any beneficial interests in my estate by this instrument. My attorneys-in-fact shall have the following powers:

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A. Real property. Authority with respect to real property transactions pursuant to I.C., 30-5-5-2.

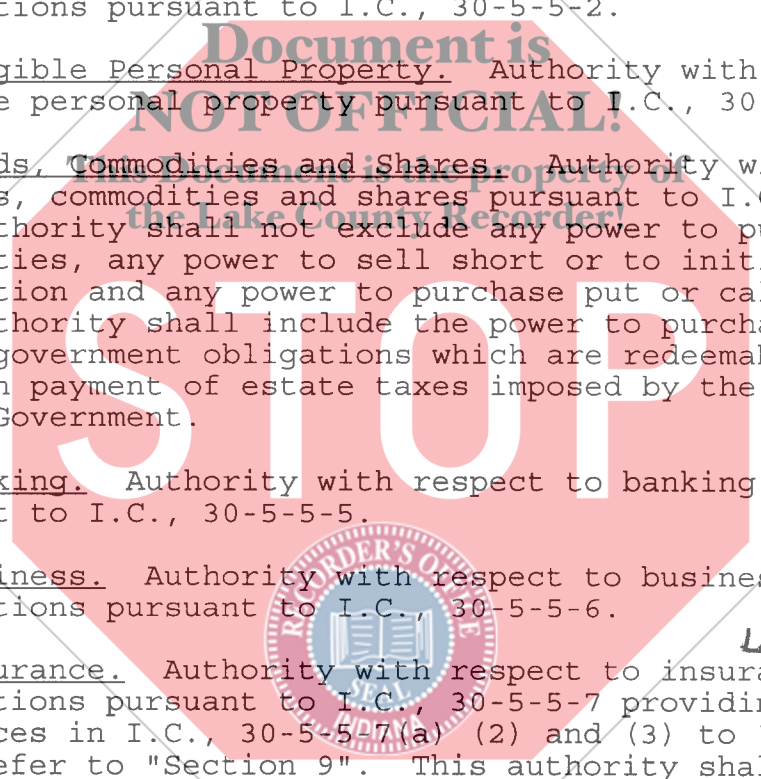
B. Tangible Personal Property. Authority with respect to tangible personal property pursuant to I.C., 30-5-5-3.

C. Bonds, Commodities and Shares. Authority with respect to bonds, commodities and shares pursuant to I.C., 30-5-5-4. This authority shall not exclude any power to purchase commodities, any 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.

D. Banking. Authority with respect to banking transactions pursuant to I.C., 30-5-5-5.

E. Business. Authority with respect to business operation transactions pursuant to I.C., 30-5-5-6.

F. Insurance. Authority with respect to insurance transactions pursuant to I.C., 30-5-5-7 providing that references in I.C., 30-5-5-7(a) (2) and (3) to "Section 8" shall refer to "Section 9". This authority shall 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.



**FILED**

JAN 22 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Return to:

INDIANA TITLE NETWORK COMPANY  
325 NORTH MAIN L12  
BROWN POINT, IN 46307

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G. Beneficiary. Authority with respect to beneficiary transactions pursuant to I.C., 30-5-5-8.

H. Gifts. Authority with respect to gift transactions pursuant to I.C., 30-5-5-9, however, this authority shall:

1. Include the power to make such gifts to my spouse as are needed to accomplish the minimization of income, gift and death taxes, even though my spouse may be serving as my attorney-in-fact hereunder;
2. Include the power to make gifts to spouses of descendants; and
3. exclude the power to make non-spousal gifts in excess of the amount excluded from gifts under section 2503 (b) of the Internal Revenue Code of 1986, as amended, or any successor thereto.

I. Fiduciary. Authority with respect to fiduciary transactions pursuant to I.C., 30-5-5-10.

J. Claims and Litigation. Authority with respect to claims and litigation pursuant to I.C., 30-5-5-11.

K. Family Maintenance. Authority with respect to family maintenance pursuant to I.C., 30-5-5-12.

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

M. Records, Reports, and Statements. Authority with respect to records, reports and statements pursuant to I.C., 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.

N. Estate Transactions. Authority with respect to estate transactions pursuant to I.C., 30-5-5-15.

O. Delegate. Authority with respect to delegating authority pursuant to I.C., 30-5-5-18.

P. All Other Matters. Authority with respect to all other matters pursuant to I.C., 30-5-5-19.

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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 **Anthony J. Tokarz and David M. Tokarz** as my guardian or as the person to act on my behalf.

III. **FEES.** My attorneys-in-fact shall be entitled to a fee for services provided as my attorney-in-fact.


IV. **LIABILITY AND INDEMNITY.** My attorneys-in-fact shall only be liable for actions taken in bad faith; provided, however, my attorneys-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 attorneys-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 attorneys-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 date of execution hereof.
- 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 recording with the Recorder's Office of the County of my domicile a written revocation hereof.

VI. **REVOCATION.** I hereby reserve the right to revoke this Power of Attorney at any time. My attorneys-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 7<sup>th</sup> day of December, 2001.

  
\_\_\_\_\_  
Judith S. Tokarz  
SSN# 307-42-9607

Address \_\_\_\_\_

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STATE OF INDIANA            )  
                                          )SS:  
COUNTY OF LAKE            )

BEFORE ME, the undersigned, a NOTARY PUBLIC in and for said County and State, this 17th day of December, 2001, personally appeared **Judith S. Tokarz** and acknowledged the execution of the foregoing document as her free and voluntary act.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal

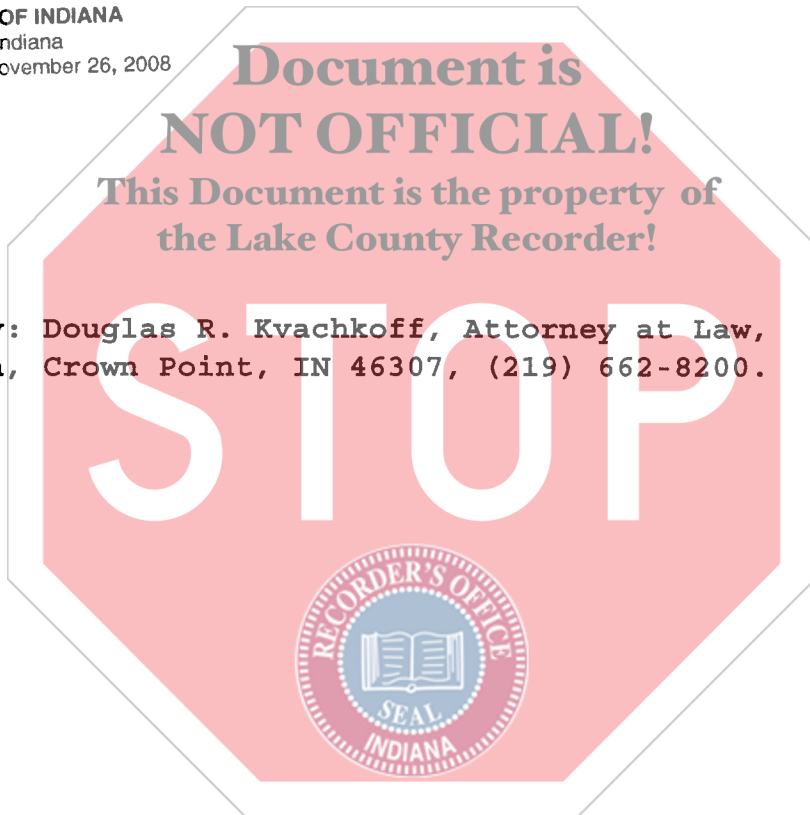
My Commission expires:

November 26, 2008

Lauren Jones  
Notary Public

A Resident of Lake County

LAUREN JONES  
NOTARY PUBLIC STATE OF INDIANA  
Resident of Lake County, Indiana  
My Commission Expires November 26, 2008



Prepared By: Douglas R. Kvachkoff, Attorney at Law,  
325 N. Main, Crown Point, IN 46307, (219) 662-8200.

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State of Indiana  
RECORDER

