

GENERAL DURABLE POWER OF ATTORNEY

By this General Durable Power of Attorney I name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code (I.C.) 30-5, as it exists now and is amended in the future.

I, HELEN EHRLICH, of Hammond, Indiana, being at least eighteen (18) years of age and mentally competent, do hereby designate my daughter Mary Jo Vera my true and lawful attorney-in-fact.

1. **POWERS.** I give to my above-named attorney-in-fact, including any successor attorney-in-fact, the powers specified in this section to be used on my behalf, provided, however, 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 (including, but not limited to, retained interests in property given to me by the attorney-in-fact) and which would cause that property to be taxed as owned by the attorney-in-fact.

(a) **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2.

In addition, I give specific authority for Mary Jo Vera to sign all documents with regard to the listing and sale of my home at 7007 Forest Avenue, Hammond, Indiana 46324.

(NOTE: If this provision is applicable, this instrument must be recorded.)

(b) **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3.

(c) **BOND, SHARE, AND COMMODITY.** Authority with respect to bond, share, and commodity transactions pursuant to I.C. 30-5-5-4.

(d) **BANKING.** Authority with respect to banking transactions pursuant to I.C. 30-5-5-5, including but not limited to, the authority to have access to any and all safety deposit boxes in my name, and to open, inspect, inventory, place items in or remove items from, and close said safety deposit boxes.

(e) **BUSINESS.** Authority with respect to business operating 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 provided that references in I.C. 30-5-5-7(a)(2) and (3) to "section 8" are changed to "section 9".

(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.

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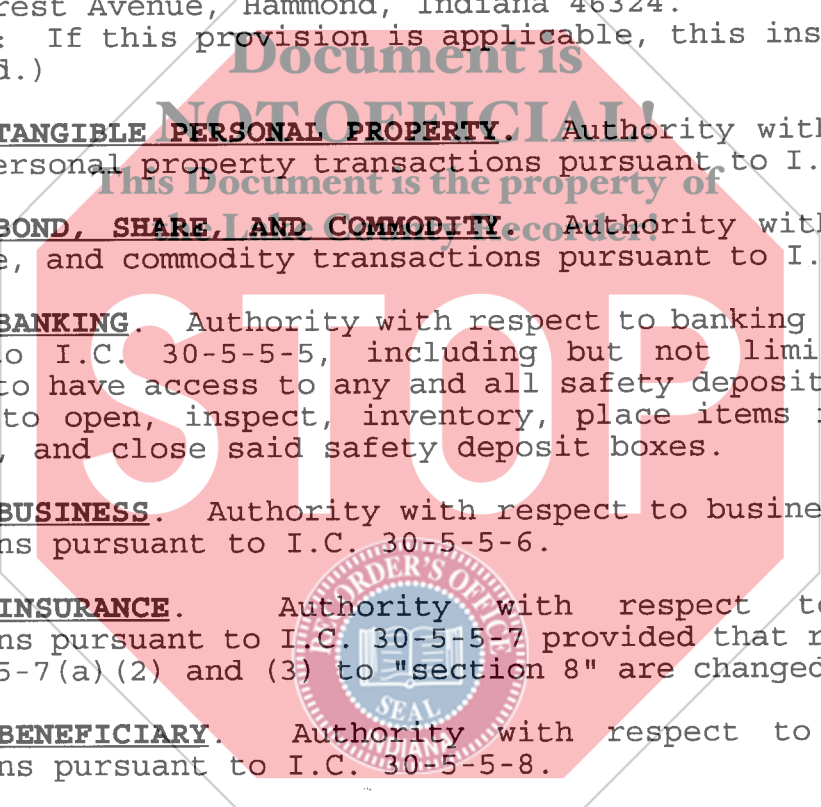
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(i) **FIDUCIARY**. Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.

(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**. Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13.

(m) **RECORDS, REPORTS, AND STATEMENTS**. Authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14, including, but not limited to, the power to execute on my behalf any specific power of attorney required by any taxing authority 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) **HEALTH CARE POWERS**. Authority with respect to those health care powers pursuant to I.C. 30-5-5-16 which have not been granted to a health care representative named in a separate Appointment of Health Care Representative.

(p) **HEALTH CARE CONSENT OR REFUSAL**. Authority with respect to those health care consent or refusal powers pursuant to I.C. 30-5-5-17 which have not been granted to a health care representative named in a separate Appointment of Health Care Representative.

(q) **DELEGATING AUTHORITY**. Authority with respect to delegating authority in writing to one (1) or more persons as to any or all powers given to the attorney-in-fact by this General Durable Power of Attorney document, pursuant to I.C. 30-5-5-18.

(r) **ALL OTHER MATTERS**. Authority with respect to all other possible matters and affairs affecting property owned by me pursuant to I.C. 30-5-5-19.

I hereby ratify and confirm all that my attorney-in-fact or attorneys-in-fact, as applicable, shall do by virtue of the above powers.

2. **EFFECTIVE DATE**. This Power of Attorney shall become effective upon signature.

3. **DURABILITY**. This Power of Attorney shall not be affected by my subsequent disability or incapacity.

4. **TERMINATION**. I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until my death, or until I have signed a written instrument of revocation identifying this Power of Attorney and either

