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# GENERAL DURABLE POWER OF ATTORNEY

BY THIS POWER OF ATTORNEY, I, ELIZABETH V. BARBICH, name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future. I hereby revoke any powers of attorney executed by me prior to the date of this power of attorney.

1. As my attorney-in-fact, I name JAMES R. BARBICK SR., whose address is 3384 Randolph Place, Hobart, Indiana 46324 and whose phone number is 219-962-4895.

2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.

3. This power of attorney shall be effective as of the date I have signed it.

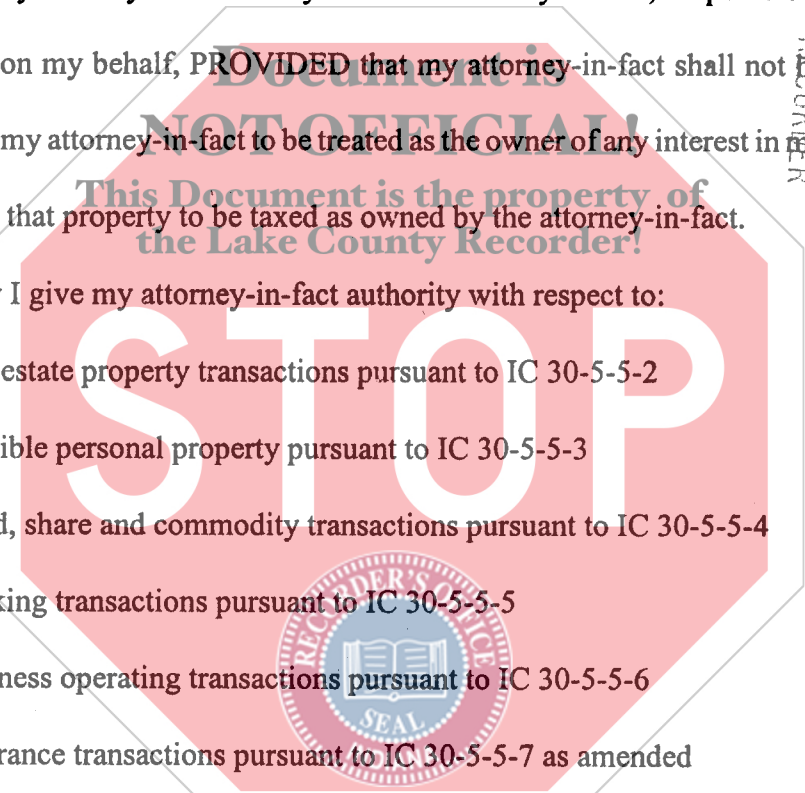
4. I give to my attorney-in-fact or any successor attorney-in-fact, the powers specified in this section to be used on my behalf, PROVIDED that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, and which would cause that property to be taxed as owned by the attorney-in-fact.

Specifically I give my attorney-in-fact authority with respect to:

- a. real estate property transactions pursuant to IC 30-5-5-2
- b. tangible personal property pursuant to IC 30-5-5-3
- c. bond, share and commodity transactions pursuant to IC 30-5-5-4
- d. banking transactions pursuant to IC 30-5-5-5
- e. business operating transactions pursuant to IC 30-5-5-6
- f. insurance transactions pursuant to IC 30-5-5-7 as amended
- g. beneficiary transactions pursuant to IC 30-5-5-8
- h. gift transactions pursuant to IC 30-5-5-9
- I. fiduciary transactions pursuant to IC 30-5-5-10
- j. pursuing claims and litigation pursuant to IC 30-5-5-11
- k. family maintenance pursuant to IC 30-5-5-12
- l. benefits from military service pursuant to IC 30-5-5-13
- m. records, reports and statements pursuant to IC 30-5-5-14 including 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 pursuant to IC 30-5-5-15

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**FILED**

JUN 3 2002

**PETER BENJAMIN  
LAKE COUNTY AUDITOR**

HOLD FOR FIRST AMERICAN TITLE

48813

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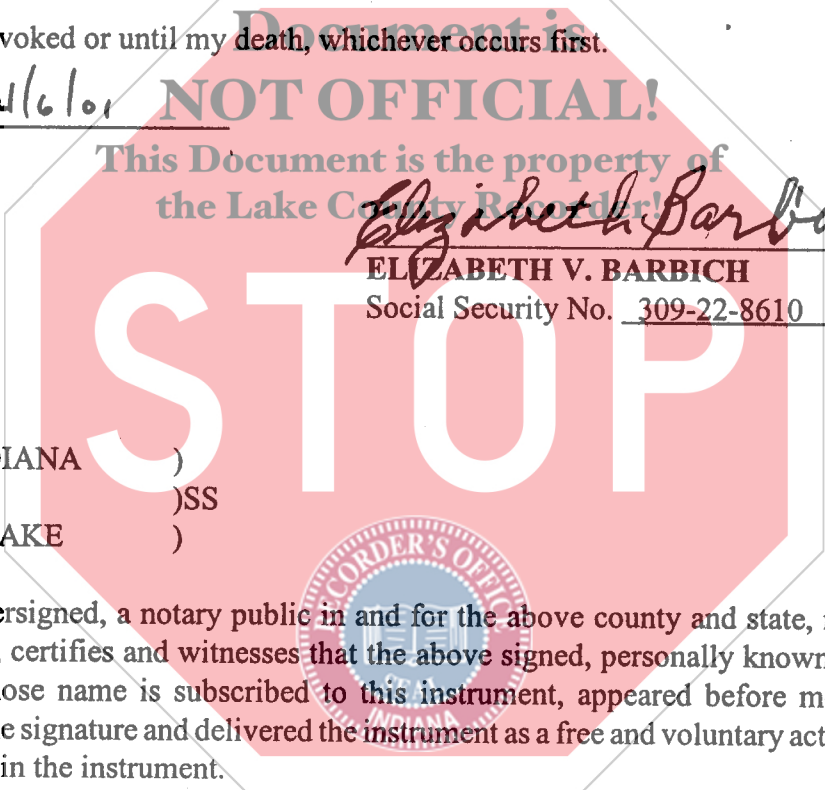
- o. delegation of authority pursuant to IC 30-5-5-18
- p. all other matters pursuant to IC 30-5-5-19
- q. to take any and all steps necessary to file my then current federal and state income tax returns and to receive the refund, if any, from said returns.
- r. Health care decisions, pursuant to IC 30-5-5-16, IC 30-5-5-17.

5. I have been given a copy of the aforementioned Indiana Code sections and I have read and understood them.

6. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.

7. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

Date: 4/6/01



*Elizabeth Barbich*  
 ELIZABETH V. BARBICH  
 Social Security No. 309-22-8610

STATE OF INDIANA    )  
                                   )SS  
 COUNTY OF LAKE     )

The undersigned, a notary public in and for the above county and state, residing in Lake County, Indiana, certifies and witnesses that the above signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: 4/6/01

My commission expires:  
4/20/08

*Janella S. Bodamer*  
 \_\_\_\_\_  
 Notary Public

My county of residence:  
Lake

**NAME AFFIDAVIT**

DATE: **May 30, 2002**

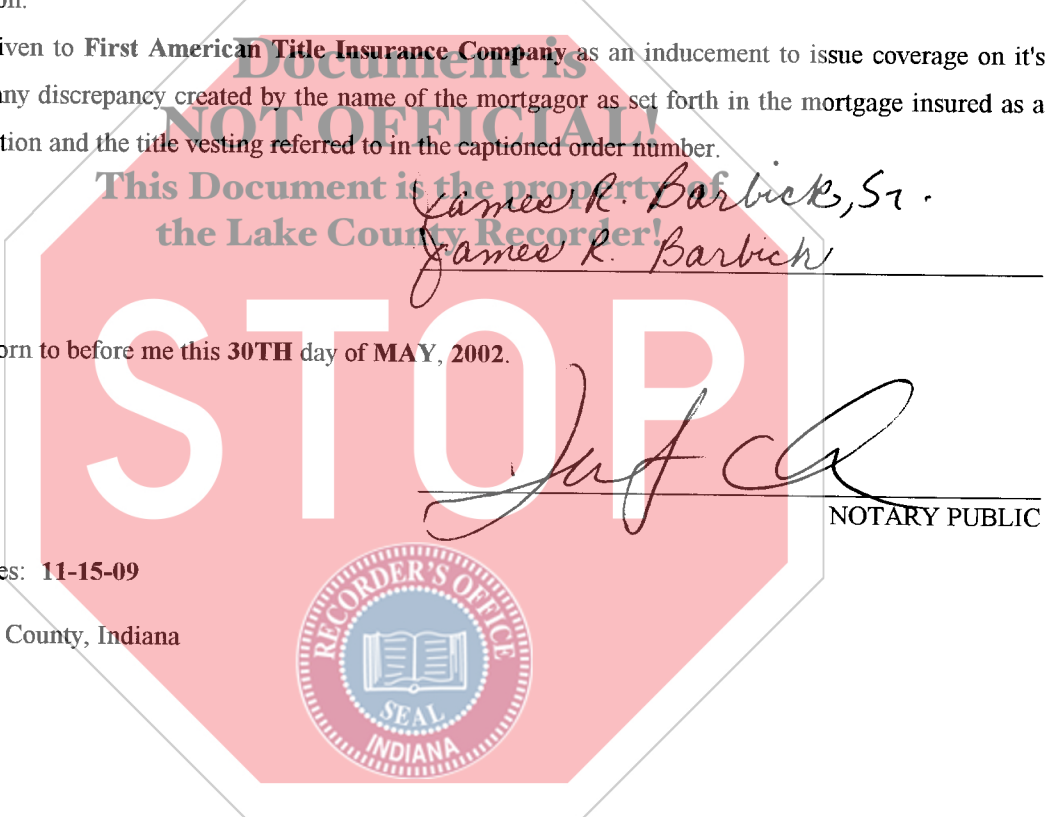
FATIC TITLE ORDER # 48813

PROPERTY ADDRESS: **12345 Main Street  
Prettyville, IN 46200**

STATE OF INDIANA  
COUNTY OF **LAKE**

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared **JAMES R. BARBICK SR.**, who after being by me first duly sworn, upon his/her oath does despose and say THAT: **JAMES R. BARBICH** whose name is shown in the title vesting on Schedule A of the above referenced title commitment is one and the same person as **JAMES R. BARBICK SR.** whose name appears on other documentation.

This affidavit is given to ~~First American Title Insurance Company~~ as an inducement to issue coverage on it's Loan Policy over any discrepancy created by the name of the mortgagor as set forth in the mortgage insured as a part of this transaction and the title vesting referred to in the captioned order number.



Subscribed and sworn to before me this **30TH** day of **MAY**, 2002.

*[Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC

Commission Expires: **11-15-09**

Resident of **LAKE** County, Indiana