STATE OF INDIANA

JASPER) SS: COUNTY OF ŁAKE)

2004 042984

FLED FOR RECORD MOR

SURVIVORSHIP AFFIDAVIT AND PROOF OF GENERAL DURABLE POWER OF ATTORNEY

24th day of April 2004, before me personally appeared On this

NORMA K. RILEY, 5750 EAST 129TH AVENUE, CROWN POINT, IN 46307

Known to me personally, and identified herself as the Affiant herein, and upon her oath did say that:

- 1. That the Affiant name is Norma K. Riley, the Attorney-in-fact for Genevieve L. Woodke pursuant to a Durable Power of Attorney prepared by Attorney Lynn Hammond and signed by Genevieve L Woodke, on October 9th 1996 at Merrillville, Indiana. A true and Accurate copy is Attachment A.
- 2. That Affiant resides at; 5750 East 129th Avenue This D Crown Point, IN 146307 operty of the Lake County Recorder!

- 3. That the Durable Power of Attorney be came effective and Affiant became the STIGLICH Attorney in Fact on December 10, 2001, when Dr. Suresh D. Reddy, M.D., placed DITOR she was unable to make decisions on her own. See Attachment B.
- 4. That Affiant is personally aware of Genevieve L Woodke personal health and mental status and she continues to be unable to make decisions on her own.
- 5. That Genevieve L. Woodke nor any court of competent jurisdiction has revoked or voided the Durable Power Of Attorney attached hereto.
- 6. That Affiant has personal knowledge that Genevieve L. Woodke and Donald O. Woodke, also know as Donald Woodke and Genevieve Woodke, husband and wife, owned the residence at 5750 East 129th Avenue, Crown Point, Indiana as tenants by entireties, pursuant to the Warranty Deed Recorded June 19,1981, as Document No. 633515, and legally described as:

001962

This Document Prepared by: Angelo Sabato Attorney at Law 6980 West 115th Avenue

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Crown Point, In 46307

Tel. 219- 663 - 7933

Part of the South half of the Southwest Quarter of the Northeast Quarter of Section 19, Township 34 North, Range 7 West of the Second Principle Meridian, in Lake County, Indiana, described as follows:

Commencing at the Southwest corner of the East 10 acres of said South half of the Southwest Quarter of the Northeast Quarter (said Southeast corner being the corner of the real estate conveyed to the Mattel's by Deed dated November 27, 1976 and recorded November 29, 1976 as Document No. 381295 in the Recorders Office of Lake County, Indiana); thence West 330 feet; thence North 330 feet; thence East 330 feet, to the West line of said Mattel tract; and thence South 330 feet, along the West line of said Mattel tract to the point of beginning. Said parcel containing 2.5 acres \pm , together with all the improvements there on.

Commonly known as 5750 East 129th Avenue, Crown Point, Indiana (Key No. 44-54-0011-0030).

- 7. That Donald O. Woodke also known as Donald Woodke Died on October 25th 1995. See Attachment C, INDIANA STATE DEPARTMENT OF HEALTH, CERTIFICATE OF DEATH, Donald O. Woodke.
- 8. There was no Federal or State Inheritance or Death Tax due as a result of the Death of Donald O. Woodke.
- 9. That Affiant states that Donald O. Woodke and Genevieve L. Woodke were not divorced.
- That the Affiant is the Daughter of Donald O. Woodke and Genevieve L.
 Woodke.

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Further more the Affiant sayeth not. I hereby sign this under the pain and penalty of perjury, witness my signature this

24 day of April 2004.

norma K. Reley P.O.A.

NORMA K. RILEY

Affiant, Attorney in Fact

Subscribed and sworn before me by the Affiant this

Susan E. Sutton

NOTARY PUBLIC

PRINT Name Susan E. Sutton

My County of Residence Jasper 18

In the State Of Indiana

This Document is the property of My Commission Expires 19/4/2009 order!

(This document is accompanied with three (3) Attachments

- A GENERAL DURABLE POWER OF ATTORNEY
- B DR. SURESH D. REDDY M.D. STATEMENT, &
- C DONALD O. WOODKE, DEATH CERTIFICATE.)



This Document Prepared by: Angelo Sabato Attorney at Law 6980 West 115th Avenue

Crown Point, In 46307

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Tel. 219- 663 - 7933

"Attachmont F"

GENERAL DURABLE POWER OF ATTORNEY

I, GENEVIEVE L. WOODKE being at least eighteen (18) years of age and mentally competent, do hereby designate NORMA K. RILEY, as my true and lawful Attorney-in-Fact. In the event NORMA K. RILEY is unable to or refuses to serve in this capacity for any reason, I do hereby designate BONNIE L. MCKINNEY as my true and lawful Attorney-in-Fact.

I. POWERS:

The above named Attorney-in-Fact shall have general authority with respect to the following, as the same are defined by Indiana Code 30-5-5-1, et seq.:

Real property transactions; Tangible personal property transactions; Bond, share and commodity transactions; Banking transactions; Business operating transactions; Insurance transactions; Beneficiary transactions; Gift transactions; Fiduciary transactions, Claims and litigation; Family maintenance; Benefits from military service; Records, reports, and statements; Estate transactions; Health care powers including the power to consent to or refuse health care on my behalf, which power is more specifically set forth in the Appointment of Health Care Representative attached to this General Durable Power of Attorney and incorporated herein by this reference; Delegating authority; as well as all other matters;

This Document is the property of and I hereby ratify and confirm all that my Attorney-in-Fact shall do by virtue hereof.

II. EFFECTIVE DATE:

This Power of Attorney shall become effective upon my disability or incompetence, as certified in writing by a Physician.

III. TERMINATION:

I hereby reserve the right of revocations; however, this Power of Attorney shall continue in full force and effect until I have executed a written revocation thereof and the same has been recorded in the Recorder's Office, if any, where the Power of Attorney was previously recorded, with appropriate reference made therein to the book and page number or instrument number of such recording.

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 Attorney-in-Fact in reliance upon this Power, without actual knowledge of its revocation.

H. L. W.

IV. GUARDIANSHIP:

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint NORMA K. RILLY to serve as guardian.

OCTUY, 1996.

GENEVIEVE L. WOODKE

STATE OF INDIANA

SS.

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared GENEVIEVE L. WOODKE who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal this 2 day of Ottobu _____, 1996.

My Commission Expires:

Resident of Laty County, IN

This Instrument Prepared by: LYNN HAMMOND, 7895 Broadway, Suite L, Merrillville, IN 46410; (219) 738-1200.

SURESH D. REDDY, M.D.

751 EAST 81ST PLACE MERRILLVILLE, IN 46410
HOURS BY APPOINTMENT

Cenevieve Woodke

Date 12-10-0/

Address

Renevieve is under our care for
Alzheimers. She is unable to make

decisions on her own.

REFILL ____TIMES

NON REPETATUR ____
LABEL ____

Dispense As Written M.D. _____
May Substitute

Lerompt Medical Care

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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	A U.S. VETERAN? U.S.		ARMED FORCES?	HOSPITAL Inputient		OTHER: Nursing Home		Other (Specify)			
	No No		None	☐ ER/Outpage				Residence			
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	Edward Woo	dke						Werblo			
INFORMANT	200 INFORMANTS NAME							Route Number, City or			Relationship
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