LAKE COUNTY
FILED FOR FRECORD

2004 JUNE C. AM CORE

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MORFIS W CORVER SECONDS

## POWER OF ATTORNEY

24036 Puhek

Recording Requested by & When Recorded Return To:
US Recordings, Inc.
2925 Country Drive Ste 201
St. Paul, MN 55117

The Lake Country Recorder!

29-0003-0041
Parcel Identification Number

JUN 8 2004 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

# 02431719 # 02431719 752 To whom it may concern:

## AFFIDAVIT REGARDING DURABEL GENERAL POWER OF ATTORNEY

With respect to the following described property:

See Attached

Name of Record Owner: Helen Puhek

Permanent Index Number: 29-0003-0041

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St. Paul, MN 55117

Please be advised that the attached power of attorney to Anette Drac, executed by record owner on June 4, 2003, is a true and correct executed copy of the original instrument.

The power of attorney referred to and incorporated herein shall constitute a valid document on the aforesaid described property.

This Document is the property of the Lake County Recorder!

Prepared by & Mail to: Peggy Acklam K&M Title Company 5455 Sheridan Rd. Suite 101 Kenosha, WI 53140

Peggy Acklam
Title Officer
K&M Title Company

Subscribed and sworn to before/me this 35day of May, July

FILED

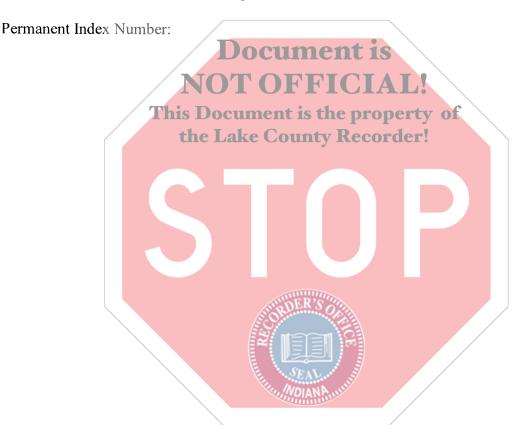
JUN 8 2004 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR Legal Description K & M Title File No.: 24036 STCI File No.: 647907-790687

## LEGAL DESCRIPTION

Part of the Southeast ¼ of the Northeast ¼ of Section 7, Township 37 North, Range 9 West of the 2<sup>nd</sup> Principal Meridian, commencing at a point 20 feet South and 100 feet East of the Northwest corner of the land described in Warranty Deed from Agnes Roberts, widow of George M. Roberts, deceased, to Henry C. Gurke, bearing date December 2, 1885 and recorded in the Recorder's Office of Lake Co., Indiana, in Book 38, on Page 459, running thence East 25 feet, thence South 126 feet to 16 foot alley, thence West 25 feet, thence North 126 feet to the place of beginning, in the City of Whitting, Lake County, Indiana.

Property Address: 1536 Fred Street

Whiting, IN 46394-2035



## **DURABLE GENERAL POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that I, HELEN PUHEK, a resident of the Town of Whiting, Lake County, State of Indiana, have made, constituted and appointed and by these presents do make, constitute and appoint ANETTE DRAC, a resident of the Town of Whiting, County of Lake, State of Indiana, whose signature is as follows:

as my attorney-in-fact to act in my capacity and for my use and benefit to do every act that I might legally do through an attorney-in-fact. In addition, in order to provide for the

succession in the event my Attorney-in-fact cannot continue to serve, I hereby appoint MARITRESE MILLS as my Alternate Attorney-in-fact.

The power of attorney shall go into effect on this \_\_\_\_\_ day of \_\_\_\_\_ 2003, and shall not be effected by my subsequent disability or incapacity. I authorize my attorney-in-fact to manage and conduct all my affairs, and for that purpose for me and in my name, place and stead, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself in the doing and executing of each and every act, deed, or thing I could execute, including any of the following acts, deeds, and things:

- (1) To buy, receive, lease, accept or otherwise acquire; to sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise encumber or dispose of; or to contract or agree for the acquisition, disposal or encumbrance of any property, be it real, personal or mixed, or any custody, possession, interest, or right in or pertaining to the property, on terms as my attorney-in-fact shall think proper as conclusively evidenced by the attorney-in-fact's action;
- (2) To take, hold, possess, invest, let, or otherwise manage any and all of my real, personal, or mixed property, or any interest in or pertaining to my property; to eject, remove or relieve tenants or other persons from, and recover possession of, the property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair, rebuild, modify, or improve the property or any part of the property;
- (3) To make, do and transact all and every kind of business of whatever kind or nature, including the receipt, recovery, payment, collection, compromise, settlement, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, incomes, rents, claims, demands, actions, causes of actions, debts, taxes, and obligations, that may be due, owing or payable by me or to me;
- (4) To make, endorse, guarantee, accept, receive, sign, seal execute, acknowledge, and deliver deeds, assignments, bills of sales, agreements, certificates, hypothecations, checks, notes, mortgages, bonds, vouchers, receipts, releases, and

hypothecations, checks, notes, mortgages, bonds, vouchers, receipts, releases, and other instruments in writing of whatever kind or nature, as may be necessary, convenient or proper;

- (5) To execute vouchers in my behalf for any and all allowances and reimbursements properly payable to me by the United States, including but not restricted to allowances and reimbursements for transportation of dependents or for shipment of household effects as authorized by law and regulations; and to receive, endorse, and to collect the proceeds of checks payable to the undersigned or to her order drawn on the treasury of the United States;
- (6) To make deposits or investments in or withdrawals from any account, holding or interest that I may now or hereafter have, or be entitled to, in any banking, trust or investment institution, including all funds held under a declaration of trust at LaSalle Bank Corporation (f/k/a Bell Federal Savings and Loan Association) dated April 12, 1994 and including postal savings depository offices, credit unions, savings and loans associations, and similar institutions; To exercise any right, option or privilege pertaining to these; and to open or establish any accounts, holdings, or interests of any kind or nature, with any institution, in my name or my attorney-in-fact's name or in both our names jointly, either with or without right of survivorship to have access to, and the power to add to or withdraw from any safety deposit box held in my name;
- (7) To institute, prosecute, defend, compromise, settle, arbitrate, assign, release, and dispose of legal, equitable or administrative hearings, actions, suits, attachments, arrests, claims, liens, levies, distresses, or other proceedings, or otherwise engage in litigation in connection with the premises;
- (8) To act as my attorney-in-fact or proxy in respect to any stock, shares, bonds, other securities, or other investments, rights or interests I may now or hereafter hold;
- (9) To prepare, execute and file income, ad volarem, gift, estate, and other tax returns, and other governmental reports, declarations, applications, requests and documents in connection with the premises;
- (10) To engage and dismiss agents, counsels, attorneys, accountants, and employees, and to appoint and remove at pleasure any substitute for, or agent of, my attorney, in respect to all or any of the things mentioned in this instrument and on terms as my attorney-in-fact shall think fit;
  - (11) To act as my attorney-in-fact or proxy with regard to any policy of

however, the right to change the beneficiary, the right to change the method of payment of the insurance proceeds, and the right to make a cash surrender of the policy, as distinguished from the surrender of the policy for a loan, conversion or other purposes;

- (12) To act for me in matters affecting my health care, in particular to:
  - (a) Employ or contract with servants, companions, or other health care providers to care for me.
  - (b) Consent to or refuse health care for me.
  - (c) Admit or release me from a hospital or health care facility.
  - (d) Have access to records, including medical records, concerning my condition.
  - (e) Make anatomical gifts on my behalf.
  - (f) Request an autopsy.
  - (g) Make plans for the disposition of my body.
  - (h) Ask, in my name, that health care be withdrawn or withheld when it is not beneficial or when any benefit is outweighed by the demands of the treatment and death may result;
- (13) To engage in, do and transact all and every kind of business in which I am or may hereafter be interested in such manner as he may think proper.

GIVING AND GRANTING to my attorney-in-fact full power and authority to do and perform every act, deed, matter and thing in and about my estate, property and affairs, as fully and effectually to all intents and purposes as I might or could do in my own proper person if personally present, the above especially enumerated powers being in aid and exemplification of the full, complete, and general durable power granted and not in limitation or definition of the power; and ratifying all that my attorney-in-fact shall lawfully do or cause to be done by virtue of this general durable power. This being based on a standard form, inclusions or deletions shall be considered a part of the powers if inserted in my handwriting or if initialed by me in the margin opposite the deletion or insertion. In case of any inconsistency between provisions, written instructions or directions shall prevail over typed provisions.

I declare that any act or thing lawfully done under this general durable power by my attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives, and assigns, whether the act or thing shall have been done before or after my death, or other revocation of this instrument, unless and until actual notice of my death shall have been received by any person acting in reliance on this power. This power of attorney may be filed for record in any public office.

IN WITNESS WHEREOF, I have signed this instrument on this Signed in multiple counterparts, each of which is an original, but all of which constitute one and the same instrument. **HELEN PUHEK** Brooke RIAND Date: 6-4-Jenuba Dennifer Kolomba Date: 6-4-03 WITNESS: wheeler Ct. Cedar Lake, IN 46303 STATE OF INDIANA ) SS: **COUNTY OF LAKE** Before me, the undersigned, a notary public in and for the County of Lake and ate of Indiana, this day of \_\_\_\_\_\_\_ 2003, personally appeared HELEN the State of Indiana, this day of PUHEK and acknowledged the execution of the foregoing Durable General Power of Attorney. In witness whereof, I have hereunto subscribed my name and affixed my official seal. Robert H. Sorge Notary Public A Resident of Lake County, Indiana. My Commission Expires: 06/09/08 ROBERT H. SORGE Lake County
My Commission Expires This instrument prepared by: June 9, 2008 ROBERT H. SORGE Attorney No. 17775-45 Attorney at Law 6243 Hohman Ave. Hammond, IN. 46324 (219) 933-4894 U18780208-03KM07 4 POWER OF ATTORNE

REF# 24036 US Recordings