

4

# Durable Power of Attorney

## And Nomination of Conservator

### Warning to Person Executing this Legal Document

This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know these important facts:

1. This document may provide the person you designate as your attorney-in-fact with broad powers to dispose, sell, convey, and encumber your real and personal property.
2. These powers will exist for an indefinite period of time. These powers will continue to exist notwithstanding your subsequent disability and incapacity.
3. You have the right to revoke or terminate this durable power of attorney at any time.

1. **Designation of Agent.** I, **Joy E. Corsette**, residing at 2539 E. Lakeshore Drive (LOFS), City of Crown Point, State of Indiana, do hereby appoint **Harold W. Corsette**, whose address is 2539 E. Lakeshore Drive (LOFS), as my attorney in fact for me and in my name as authorized in this document. If my first designee is unable to serve or declines to serve, I nominate **Gregory John Pachnik**, whose address is 453 Hunter Hill Rd., Hudson, WI 54016 to so act as my attorney in fact.

2. **Creation of Durable Power of Attorney.** By this document, I intend to create a general power of attorney under the laws of the State of Indiana. Subject to the limitations in this document, this power of attorney is a durable power of attorney and shall not be affected by my subsequent incapacity.

3. **Statement of Authority Granted.** Subject to the limitations in this document, I hereby grant my agent full power and authority to act for me and in my name in any way which I myself could act, if I were personally present and able to act, with respect to the following matters as each of them is defined and construed by the laws of the State of Indiana.

- (1) Real estate transactions.
- (2) Tangible personal property transactions.
- (3) Bond, share, and commodity transactions.
- (4) Financial institution transactions.

Green Law Office  
36 S. Pennsylvania St, Ste, 600  
Indianapolis, In. 4/6/2005

FILED  
FEB 24 2005  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR 001985

2005 FEB 24 10:45:51

REC'D  
FEB 24 2005  
LAKE COUNTY RECORDER

16-  
41  
2731

- (5) Business operating transactions.
- (6) Insurance transactions.
- (7) Retirement plan transactions.
- (8) Estate transactions.
- (9) Claims and litigation.
- (10) Tax matters.
- (11) Personal relationships and affairs.
- (12) Benefits from military service.
- (13) Records, reports, and statements.
- (14) Full and unqualified authority to my agent to delegate any or all of the foregoing powers to any persons whom my agent shall select.
- (15) All other matters.

4. **Duration:** This power of attorney shall exist for an indefinite period of time.

5. **Nomination of Conservator of Estate.** If a conservator of the estate is to be appointed for me, I nominate **Harold W. Corsette**, whose address is written herein above, to serve as my conservator.

**Date and Signature of Principal**

I sign my name to this Power of Attorney on this 15<sup>th</sup> day of February, 19 94, at Crown Point, State of Indiana.

Joy E. Corsette  
**Joy E. Corsette**



## Statement of Witnesses

I declare under penalty of perjury under the law of the State of Indiana that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this power of attorney in my presence, and that the principal appears to be of sound mind and under no duress, fraud, or undue influence.

Teresa Lutz (Witness Signature) 2-15-1994 Date

TERESA LUTZ (Print Name)

927 MAXWELL CT (Address)

CROWN POINT, IN 46307 (City, State, Zip Code)

Stephen E. Davis (Witness Signature) 2-15-94 Date

Stephen E. Davis (Print Name)

7448 Whitcomb St. (Address)

Merrillville, IN. 46410 (City, State, Zip Code)

### Certificate of Acknowledgement of Notary Public

State of Indiana )

:ss.

County of Lake )

On this 15 day of February, A.D. 19 94, appeared before me Joy E. Corsette personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed in this instrument, and acknowledged that he/she executed it.

David C. Lutz Residing in Crown Point IN  
Notary Public

NOTARY SEAL:

5+VET

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

Local No. 1061-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) <b>HAROLD W CORSETTE</b>		2. SEX <b>Male</b>		3a. TIME OF DEATH <b>4:05 AM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>April 18, 2003</b>	
4. * SOCIAL SECURITY NUMBER <b>362-28-7720</b>		5a. AGE - Last Birthday (Years) <b>80</b>		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY Hours: Minutes:	
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>		8. DATE OF BIRTH (Mo., Day, Yr.) <b>May 23, 1922</b>			
9b. FACILITY NAME (If not institution, give street and number) <b>Southlake Nursing and Rehab Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>		9d. COUNTY OF DEATH <b>Lake</b>			
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>JOY ELAINE SANDER</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>PUBLIC RELATIONS</b>		12b. KIND OF BUSINESS/INDUSTRY <b>U.S. STEEL</b>	
13a. RESIDENCE - STATE <b>Indiana</b>		13b. COUNTY <b>LAKE</b>		13c. CITY, TOWN OR LOCATION <b>CROWN POINT</b>		13d. STREET AND NUMBER <b>2539 E LAKE SHORE DRIVE</b>	
13e. ZIP CODE <b>46307</b>		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>12</b> College (1-4 or 5+): <b>4</b>					
18. FATHER'S NAME (First, Middle, Last) <b>HAROLD WALLACE CORSETTE</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>LUCILLE WALLACE</b>			
20a. INFORMANT'S NAME (Type/Print) <b>GREG PACHNIK</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2539 E. LAKE SHORE DR., CROWN POINT, IN 46307</b>		20c. Relationship <b>SON</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>APRIL 21, 2003 N.W. IND. CREMATION SERVICES</b>		21c. LOCATION - City or Town, State <b>CROWN POINT INDIANA</b>			
22a. EMBALMER'S NAME <b>N/A</b>		22b. EMBALMER'S LICENSE NO. <b>N/A</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) <b>FD1013890</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana</b>			
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>End Stage Dementia</b> <b>PARQUINSONISM</b>		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>01039122</b>		29d. DATE SIGNED (Month, Day, Year) <b>20 April 03</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. David Marx</b>		31. HEALTH OFFICER'S SIGNATURE <i>Susan J Best, D.O.</i>		32. DATE FILED (Month, Day, Year) <b>CH. 103 4632A 28, 2003</b>		33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. WAS AT WORK? (Yes or no)		34d. PLACE OF INJURY - (Specify street, factory, building, etc. (Specify))	
34e. PLACE OF INJURY - (Specify street, factory, building, etc. (Specify))		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>MAY 30 2003</b>		34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>April 18, 2003</b>			
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) (Specify motor, trailer, passenger, pedestrian, etc.)		34i. <b>00198G</b>					



**FILED**  
**FEB 24 2005**  
**STEPHEN R. STIGLICH**  
**LAKE COUNTY AUDITOR**