Durable Power of Attorney

And Nomination of Conservator

Warning to Person Executing this Legal Document

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

Before

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- 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 to act 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.

the Lake County Recorder!

- 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 STEPHEN R. STIGLICH 001985

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Drien Law Office 368: Panney BrainaSt. Ste, 600 Indiana polis, In. 46204

(5) Business operating transactions. (6) Insurance transactions. 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. Document is 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 that of Jebruary, 1994, at troum foint, State of Indiana.

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 Luts	(Witness Signature) 2-15-1994 Date
TERESA LUTZ	
927 MAXWELL CT	(Address)
CROWN PONT, IN46307	(City, State, Zip Code)
	(Witness Signature) 2.15-9./ Date
Stephen E. Davis Doc	(Print Name) 1S
7448 Whitcomb St. T Merrillville, IN. 46410 the Lake (DEFICIAL
	wledgement of Notary Public
State of Indiana):ss.	
On this day of 70 nu	A.D. 19 94, appeared before me Joy E.
	roved to me on the basis of satisfactory evidence) to
	ed in this instrument, and acknowledged that he/she
executed it.	
David Cty	Residing in Curica tout (No S/16/6)
Notary Public	5 - 8100 lc
	(lude exp one 197
NOTARY SEAL:	

* 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

INDIANA STATE DEPARTMENT OF HEALTH

State No..... CERTIFICATE OF DEATH

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