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MICHAEL A. BROWN  
RECORDER

CHICAGO TITLE INSURANCE COMPANY

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**Durable General Power of Attorney**

KNOW ALL MEN BY THESE PRESENTS,

That I

**VIOLA VAHST A/K/A Viola Jane Vahst**  
address: 268 Humpfer Street, Hammond, Indiana 46324  
telephone number: (219) 931-1858  
social security number: 310-22-9490

have made, constituted and appointed and by these presents do make, constitute and appoint, an Attorney-in-Fact to act on my behalf, pursuant to I.C. 1991, Article 30-5, as amended from time to time, as my true and lawful Attorney-in-Fact, for me and in my name, place, and stead in the State of Indiana.

**FILED**

JUN - 8 2005

1 As my Attorney-in-Fact, I name

**Joyce Ann Maynard A/K/A Joyce A. Maynard**  
address: 1668 State Line, Calumet City, Illinois  
telephone number: (708) 862-0741

**STEPHEN R. STIGLITZ** I give 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, resulting from the exercise of the powers authorized herein.

(a) **REAL PROPERTY.** Authority with respect to real property transactions, pursuant to I.C. 1991, §30-5-5-2.

(b) **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property, pursuant to I.C. 1991, §30-5-5-3.

(c) **BOND, SHARE AND COMMODITY.** Authority with respect to bond, share and commodity transactions, pursuant to I.C. 1991, §30-5-5-4.

(d) **BANKING.** Authority with respect to banking transactions, pursuant to I.C. 1991, §30-5-5-5.

(e) **INSURANCE.** Authority with respect to insurance transactions, pursuant to I.C. 1991, §30-5-5-7, provided that references in I.C. 1991, §30-5-5-7(a)(2) and (3), to "Section 8" are changed to "Section 9."

(f) **BENEFICIARY.** Authority with respect to beneficiary transactions, pursuant to I.C. 1991, §30-5-5-8.

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(g) **GIFTS.** Authority with respect to gift transactions, pursuant to I.C. 1991, §30-5-5-9. However, this authority shall be limited to the power to make gifts to organizations for charitable or other purposes, in satisfaction of a written pledge made by me to any such organization.

(h) **FIDUCIARY.** Authority with respect to fiduciary transactions, pursuant to I.C. 1991, §30-5-5-10.

(i) **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation, pursuant to I.C. 1991, §30-5-5-11.

(j) **FAMILY MAINTENANCE.** Authority with respect to family maintenance, pursuant I.C. 1991, §30-5-5-12.

(k) **MILITARY SERVICE.** Authority with respect to benefits from military service, pursuant to I.C. §30-5-5-13.

(l) **RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports and statements, pursuant to I.C. 1991, §30-5-5-14.

(m) **ESTATE TRANSACTIONS.** Authority with respect to Estate transactions, pursuant to I.C. 1991, §30-5-5-15.

(n) **DELEGATE.** Authority with respect to delegating authority, pursuant to I.C. 1991, §30-5-5-18.

(o) **TAXES.** To prepare, execute, verify, and file in my name and on my behalf, any state or federal income or gift tax return or other return, power of attorney, report, protest or instrument in connection with any tax imposed or purported to be imposed by any government, or claimed or assessed by any governmental authority; to receive confidential information and to perform any and all acts which I could perform with respect to tax matters, including power to receive refunds.

(p) **SOCIAL SECURITY, MEDICARE AND MEDICAID.** To deal with the Social Security Administration, to arrange for the direct deposit of my social security benefits into a bank account standing in my name and to sign any and all documents required to accomplish such direct deposit; to apply for, and otherwise deal with, Medicare, Medicaid and any similar benefits; and to prepare, sign on my behalf, and file appropriate claims for reimbursement for medical expenses.

(q) **SAFETY DEPOSIT BOX(ES).** To enter at anytime to remove the content of, or to add to the contents of, any safe deposit box in my name or which I could enter, if personally present.

(r) **ALL OTHER MATTERS.** Authority with respect to all other matters, pursuant to I.C. 1991, §30-5-5-19.

3. **PRIOR GENERAL POWERS OF ATTORNEY REVOKED.** All powers of attorney, not applicable to a specific property interest owned by me and identified in the power of attorney, executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all powers of attorney not revoked.

4. **NO FEE.** My Attorney-in-Fact shall not be entitled to a fee for services provided as my Attorney-in-Fact, but may be reimbursed for any and all reasonable expenses incurred.

5. **EFFECTIVE IMMEDIATELY.** This power of attorney shall be effective as of the date it is signed.

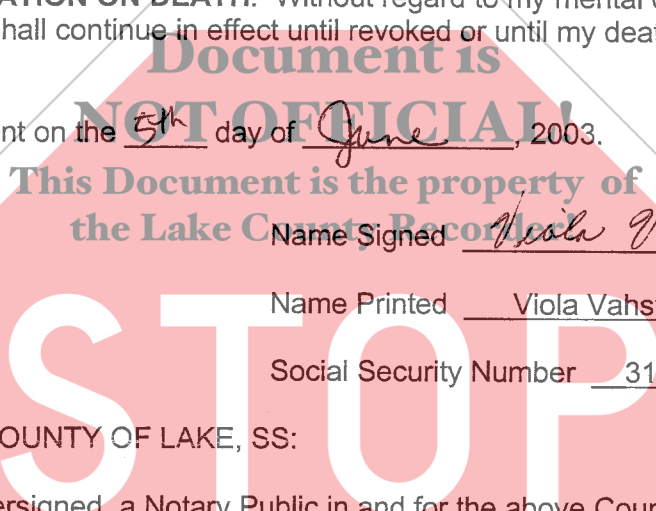
6. **LIMITATION ON LIABILITY.** My Attorney-in-Fact shall only be liable for actions undertaken in bad faith; provided, however, my Attorney-in-Fact shall be liable for the negligent exercise of any non-health related power, if the exercise of this power involves self-dealing.

7. **REVOCAION.** I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of this county of my domicile a written revocation hereof and copy delivered to my Attorney-in-Fact, in person or by mail, return receipt requested, at the last known address, which shall be deemed delivered.

8. **GUARDIAN.** 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.

9. **TERMINATION ON DEATH.** 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.

I executed this instrument on the 5<sup>th</sup> day of June, 2003.



Name Signed Viola Vahst

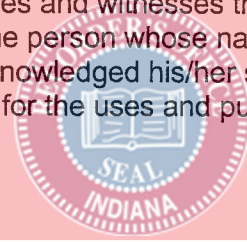
Name Printed Viola Vahst A/K/A Viola Jane Vahst

Social Security Number 310-22-9490

STATE OF INDIANA, COUNTY OF LAKE, SS:

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 individual, who is personally know to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged his/her signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: June 5, 2003.



Susan M. Severa  
NOTARY PUBLIC

**SUSAN M. SEVERA**  
Notary Public, State of Indiana  
Resident of Lake County  
My Commission Expires **March 5, 2008**

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(Print Name of Notary)