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Barbara A. Bolling

Attorney and Counselor at Law

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Key# 43-262-7

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT, that I CHRISTINA I. JONES a resident of Gary, Indiana, do hereby designate, grant and appoint my daughter, ALICE C. JONES-NELSON, of Mt. Vernon, New York, my power of attorney to act as my true and lawful attorney in fact (herein called agent) for me and in my name, place and stead, and for my use and benefit:

To ask, demand, sue for, recover, collect, and receive all such sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, insurance benefits, and demands whatsoever as are now or shall hereafter become due, owing, payable, or belonging to me and have, use, and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, distress, or otherwise, and to compromise and agree for the same and give acquittance or other sufficient discharges and releases;

For me and in my name, to make, execute and deliver to bargain, contract, agree for, purchase, receive and stake real estate, and all or any interest therein, and to take the possession of all lands, and all or any interest in property, all deeds and other assurances, in the law therefor, and to lease, let, demise, bargain, sell, release, convey, mortgage, and hypothecate lands, and all or any interest in property upon such terms and conditions and under such covenants as she shall think fit;

To demand and receive any checks due me from any source whatsoever, whether from the Social Security Administration, or any other federal, state, or municipal government or agency, and in my name and stead to give effective receipts, endorsements and discharges for same;

Also to bargain and agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares, and merchandise, choses in action, and other property in possession or in action, and to make, do, and transact all and every kind of business of whatsoever nature and kind;

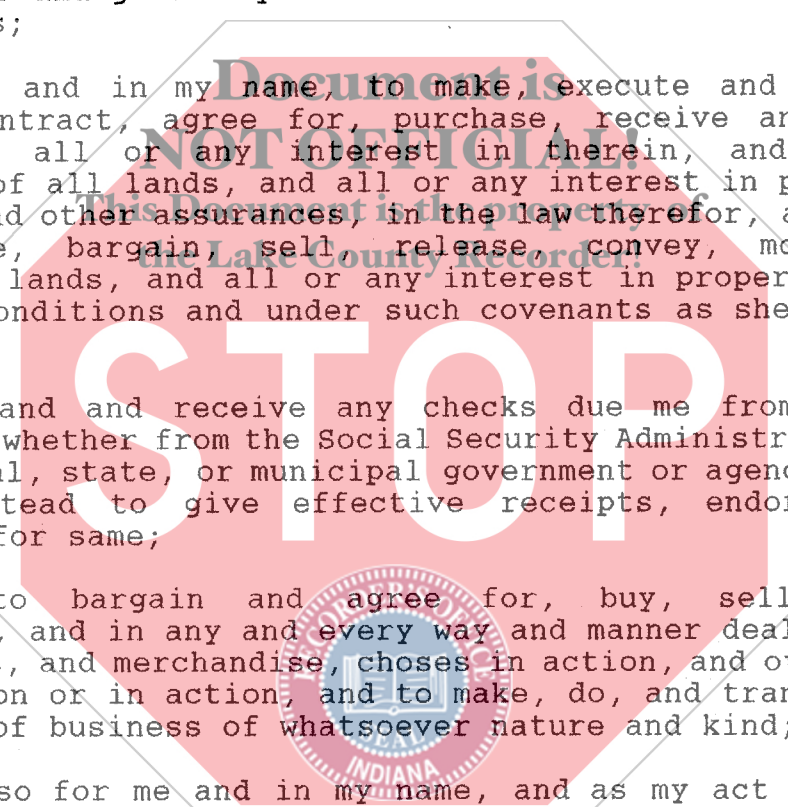
And also for me and in my name, and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases, mortgages, hypothecations, bills, bonds, notes, receipts, evidence of debt, releases and satisfaction of mortgage, judgments and other debts, and such other instruments in writing or whatsoever kind and nature as may be necessary or proper in the premises;

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STATE OF INDIANA  
LAKE COUNTY  
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LAKE COUNTY AUDITOR



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And also to make withdrawals from or deposits to any bank account, savings or loan account, credit union account or other cash account in my name; and to enter and have free access to any safe deposit box in my name for the purposes of adding property thereto or removing property therefrom;

To manage all of my property, and to negotiate, execute, and deliver all such leases as may be requisite or proper in connection with the management of my property by said agent, together with such covenants, conditions, and provisions as to my said agent shall seem best; to demand, receive, and collect all the rents for the same accruing under said lease(s), and to use all lawful remedies, actions, distress, and other necessary or proper proceedings for the recovery thereof, and generally to do for me and in my name whatever she may deem necessary and proper for the securing and recovery of said rents, or any part hereof, and also in my name to sign effectual receipts for rent received;

To employ and compensate agents, accountants, attorneys, real estate brokers and other professional assistance and to retain and compensate such persons for services rendered; to waive any attorney-client privilege;

To exercise all authority with respect to business operation transactions pursuant to Ind. Code. § 30-5-5-6;

To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment;

Photographic or other facsimile reproduction of this executed power may be made and delivered by my agent, and may be relied upon by any person to the same extent as though the copy were an original. Anyone who acts in reliance upon any representation or certificate of my agent, or upon a reproduction of this power, shall not be liable for permitting my agent to perform any act pursuant to this power.

GIVING and GRANTING unto my said agent full power of attorney and authority to do and perform every act necessary, requisite, or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said agent shall lawfully do or cause to be done by virtue hereof; and I hereby specifically release any person, association, corporation or governmental instrumentality so dealing with my said agent, as herein authorized, from any liability of whatsoever nature by

reason of any thing or act done by my said agent with such person, association, corporation or governmental instrumentality in my behalf.

My agent is further granted the power to consult with medical personnel and make any decisions necessary concerning my health care and treatment. In addition, my Representative is authorized to act for me in all matters of health care in accordance with Indiana Code 30-5-5-16, including but not limited to the following:

1. **Employment.** The power to employ servants, companions, nurses or doctors to care for me.
2. **Admission.** The power to admit or release me from any hospital or health care facility.
3. **Choice of Attending Physician.** The power as my health care representative to select, engage and discharge health care providers and facilities.
4. **Consent.** The power to consent on my behalf to any treatment, physical or psychiatric, or surgical procedure for any injury or disease from which I may be suffering.
5. **Access Records.** The power to have access to any medical records concerning my condition.
6. **Anatomical Gifts.** The power to make anatomical gifts on the principal's behalf.
7. **Health Care Consent.** The power as my health care representative to act for me in matters of health care in accordance with Indiana Code 16-36-1 et seq., but specifically excluding the authorization to delegate all or part of this authority to any other person.

My agent is also directed to give effect to any written wishes I have expressed in any executed Living Will Declaration.

This Power of Attorney shall not be affected by Disability of the Principal.

IN WITNESS WHEREOF, I have hereunto signed my name this 3rd

day of February, 1998.

*Christina I. Jones*  
Christina I. Jones

STATE OF INDIANA )  
                          ) SS.  
COUNTY OF LAKE )

On this 3rd day of February, 1998, before me, the undersigned Notary Public, personally appeared CHRISTINA I. JONES, known to me to be the same person whose name is subscribed to the foregoing instrument, and acknowledged that she executed same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

*Mary E. Bellamy*  
Notary Public

My commission expires:

9-19-99

