

LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)SS: 2006 022736
COUNTY OF LAKE)

2006 MAR 20 AM 10:36

MICHAEL BROWN
RECORDER

DURABLE POWER OF ATTORNEY

Know all men by these presents:

THAT I, ELIZABETH E. PANAK, SS# [REDACTED], of the State of Indiana, County of Lake, on this 11th day of June, 2003, do hereby make, constitute and appoint my daughter, LISA E. VILLARREAL, SS# [REDACTED], true and lawful attorney-in-fact for me and in my name, place and stead, to do and perform the following:

To do each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my health and general welfare, as well as to make any and all decisions necessary to provide for any form of medical treatment for my health and general welfare, including herewith all the power to act for me as my health care representative with the same force and effect as though I were personally present and acting for myself; and I hereby ratify and confirm all that my said attorney-in-fact shall do by virtue hereof.

To consent to such medical examination, medical procedures and medical treatment as in the sole judgment of my attorney-in-fact appears beneficial to me, and to withhold consent to any medical examination, medical procedures or medical treatment which in the sole judgment of my attorney-in-fact is not beneficial to me; to consent to my admission to or release from any hospital, infirmary, convalescent facility, nursing facility or other type care facility as in the sole judgment of my attorney-in-fact seems proper for my care, treatment or maintenance; to sign any contracts, agreements, or otherwise necessary to effect my admission to any such of the foregoing facilities; and to make anatomical gifts.

To make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based upon my previously expressed written or oral preferences, the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me; however, if I am unable to communicate, my health care representative may make such a decision for me after consultation with my physicians and other relevant health care givers.

COMMUNITY TITLE COMPANY
FILE NO 133516 cash

Elizabeth E. Panak
ELIZABETH E. PANAK

FILED

MAR 20 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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I, ELIZABETH E. PANAK, further hereby confer upon my attorney-in-fact, LISA E. VILLARREAL, those powers and general authority to do all things my said attorney-in-fact deems necessary in connection with my financial affairs including but not limited to the following specific sections of the Indiana Code incorporated herein by reference:

- § 30-5-5-2. General authority with respect to real property.
- § 30-5-5-3. General authority with respect to tangible personal property.
- § 30-5-5-4. General authority with respect to bonds, shares, and commodities.
- § 30-5-5-5. General authority with respect to banking.
- § 30-5-5-6. General authority with respect to business operations.
- § 30-5-5-7. General authority with respect to insurance.
- § 30-5-5-10. General authority with respect to fiduciaries.
- § 30-5-5-11. General authority with respect to claims and litigation.
- § 30-5-5-12. General authority with respect to family maintenance.
- § 30-5-5-13. General authority with respect to benefits for military service.
- § 30-5-5-14. General authority with respect to records, reports, and statements.
- § 30-5-5-15. General authority with respect to estates.
- § 30-5-5-16. General authority with respect to health care.
- § 30-5-5-18. General authority with respect to delegating authority.

I hereby further authorize my attorney-in-fact to act as my alter ego with respect to all possible matters and affairs affecting property owned by me that can be performed through an attorney in-fact. This power of attorney shall survive my physical and/or mental incapacity; and should a court of law determine the necessity of a guardian, I hereby nominate the said LISA E. VILLARREAL as my guardian.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of June, 2003.

Elizabeth E. Panak
ELIZABETH E. PANAK

STATE OF INDIANA)
COUNTY OF LAKE) ss:

Before me, a Notary Public in and for said County and State, personally appeared ELIZABETH E. PANAK, who acknowledged the execution of the foregoing Durable Power of Attorney, consisting of two (2) pages, appointing an attorney-in-fact and health care representative.

WITNESS my hand and notarial seal this 11th day of June, 2003.

My commission expires: 8-6-08
Resident of Lake County, IN

Jenny Niaves
Jenny Niaves, NOTARY PUBLIC

Declaration

This form is to be signed by the preparer/verifier of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned verifier of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

