General Power of Attorney (with Durable Provision)

FACTS. THE PUI BROAD POWER ANY REAL OR I THESE POWERS DOES NOT AUT ABOUT THIS FO REVOKE THIS P	RPOSE OF T S TO HAND PERSONAL I S WILL EXIS HORIZE AN DRM THAT OWER OF A	RTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KITHIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGN FOR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. IT EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMP YONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAINTORNEY IF YOU LATER WISH TO DO SO.	Gnate (Your Otherwise D You may spe Etent. This D J. If there is .	"AGENT" Dispose o Copy Tha Occomen Annthing	r) F T T G
TO ALL PERSO	NS, be it kn	own that I, Joseph Shih PL, Merrillville, IN. 46410			_1 ~1
the undersigned	Grantor (h	ereinafter Principal), do hereby make and grant a general power of attorney	to	NT/1/ 4	- i/də
and do thereup		of <u>5915 Taney PL</u> N e and appoint said individual as my Attorney-in-Fact/Agent.	territion 11 to		<i>977</i> 1 :
If my Agent is u	nable to cer	vo for any reason I designate Danie / Shih			755 755 771
of <u>59/5</u> 7	in-ey PL	ve for any reason, I designate <u>Daniel Shih</u> Merrillville, IN. 46410	_, as my succes	sor Agent.	151 151
My Attorney-in- with respect to	Fact/Agent : the followin	shall act in my name, place and stead in any way that I myself could do, if I g matters, to the extent that I am permitted by law to act through an agent	e service serv	8	
of the subdivision a box for any page	ons (A) thro articular sub	st write his or her initials in the corresponding blank space of each box belough (N) below for which the Principal wants to give the agent authority. If the division is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that power withheld.)	he blank space	within	
1251	(A)	Real estate transactions			
	(B)	Tangible personal property transactions			
[\frac{1}{2}, \frac{1}{2}]	(C)	Bond, share and commodity transactions			
[J. 5.]	(D)	Banking transactions			
[£. 5]	(E)	Business operating transactions			
[J-3]	(F)	Insurance transactions			
[g]	(G)	Gifts to charities and individuals other than Attorney-in-Fact/Agen (If trust distributions are involved or tax consequences are a consult an attorney.)			
[£ []	(H)	Claims and litigation		\mathcal{C}	S
[]	(1)	Personal relationships and affairs	Ę	File	

(J)

Benefits from military service

(K)	Records, reports and statements
(L)	Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select
(M)	Access to safe deposit box(es)
(N)	All other matters
ion:	
(O)	If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.
71.	
nt with m	hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all
	(M) (N) ion: (O)

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State of
On
WITNESS my hand and official seal. Light MacC Signature of Notary
AffiantKnownProduced ID V Type of IDKnownProduced ID V (Seal)
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN BEASON- ABLE CARE DO PUDACT EACH SOCIAL SECURITY NUMBER AND THIS DOCUMENT. UNLESS REQUIRED BY LAW!" PREPARED BY: This Document is the property of the Lake County Recorder!