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2009 021832

POWER OF ATTORNEY

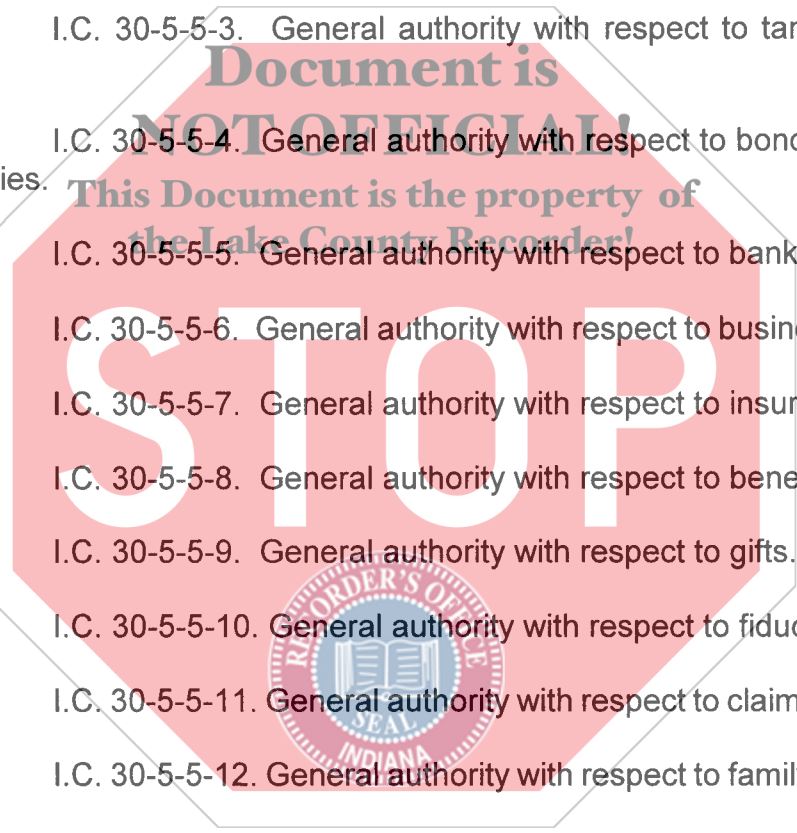
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 APR - 6 AM 10:41

I, **Ida Smith a/k/a Ida M. Smith, individually and Ida M. Smith a/k/a Ida Smith, as Trustee, under the provisions of the Smith Living Trust, dated September 13, 1995**, the undersigned, hereby appoint my son, **Donald J. Smith**, as my true and lawful attorney-in-fact.

I appoint said attorney-in-fact to do and perform for me and in my name and carry out every act that my attorney-in-fact deems necessary and proper to protect and promote my interests and affairs as fully and effectively as I would do myself if present and able to do so.

1. My attorney-in-fact shall have the following powers set forth in the Indiana Power of Attorney Act and incorporated herein by reference:

- A. I.C. 30-5-5-2. General authority with respect to real property.
- B. I.C. 30-5-5-3. General authority with respect to tangible personal property.
- C. I.C. 30-5-5-4. General authority with respect to bonds, shares, and commodities.
- D. I.C. 30-5-5-5. General authority with respect to banking.
- E. I.C. 30-5-5-6. General authority with respect to business operations.
- F. I.C. 30-5-5-7. General authority with respect to insurance.
- G. I.C. 30-5-5-8. General authority with respect to beneficiaries.
- H. I.C. 30-5-5-9. General authority with respect to gifts.
- I. I.C. 30-5-5-10. General authority with respect to fiduciaries.
- J. I.C. 30-5-5-11. General authority with respect to claims and litigation.
- K. I.C. 30-5-5-12. General authority with respect to family maintenance.
- L. I.C. 30-5-5-14. General authority with respect to records, reports, and statements.
- I.C. 30-5-5-15. General authority with respect to estates.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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- N. I.C. 30-5-5-16. General authority with respect to health care.
- O. I.C. 30-5-5-17. Power to withdraw or withhold health care.
- P. I.C. 30-5-5-18. General authority with respect to delegating authority.
- Q. I.C. 30-5-5-19. General authority with respect to all other matters.

It is my intention that this document comply with the Indiana Power of Attorney Act I.C. 30-5-1-1, et seq., the Indiana Health Care Consent Law I.C. 16-8-12-1, et seq., and the Indiana Living Will Law I.C. 16-8-11-1, et seq., and that my attorney-in-fact shall have all the rights given by said laws to act for me in the event I am unable to act for myself.

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any banks, savings and loan associations, investment firms, and/or other persons, firms or corporations may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation.

This Power of Attorney shall be in effect until May 31, 2009 and is specific to the following real estate.

Lots numbered 34 through 38, both inclusive, in block 16, as shown on the recorded plat of Junedale Subdivison, in the City of Gary, recorded in Plat Book 19, page 3, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4700 -18 Broadway
Gary, IN

Signed this 12th day of March, 2009.

Grantor, Ida Smith a/k/a Ida M. Smith individually
GRANTOR, Ida Smith a/k/a Ida M. Smith, individually
and Ida M. Smith a/k/a Ida Smith as Trustee under
and Ida M. Smith a/k/a Ida Smith, as Trustee, under
the provisions of the Smith Living Trust, dated
September 13, 1995

Grantor's Social Security No.: ~~██████████~~
 Grantor's Address: *129 Egret Drive*
Jupiter, Florida 33458

Florida
STATE OF ~~INDIANA~~)
Palm Beach) SS:
COUNTY OF ~~LAKE~~)

The Grantor-declarant, **Ida Smith a/k/a Ida M. Smith, individually and Ida M. Smith a/k/a Ida Smith, as Trustee, under the provisions of the Smith Living Trust, dated September 13, 1995**, has been personally known to us, and in our opinion is of sound and disposing mind and memory. We did not sign the declarant's signature above or at the direction of the declarant. Neither of us is a parent, spouse, or child of the declarant. Neither of us is entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. We are competent and at least eighteen (18) years old.

WITNESS *[Signature]*
Justin Krout

ADDRESS *6735 W. Indianapolis Rd*
Jupiter, FL 33458

WITNESS *[Signature]*
James Pasenta's

ADDRESS *6735 W. Indianapolis Rd*
Jupiter, FL 33458

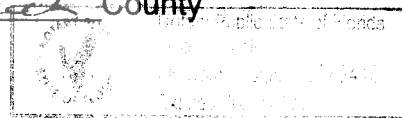
STATE OF FLORIDA)
COUNTY OF *Palm Beach*) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this *12th* day of *March*, 2009, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

[Signature]
Notary Public
Resident of *Palm Beach* County

My Commission Expires: *6-8-2011*



This instrument prepared by: **KENNETH L. ANDERSON, Attorney at Law**
9105 Indianapolis Boulevard
Highland, Indiana 46322