## **DURABLE POWER OF ATTORNEY**

# OF JACQUELINE MARIE WANDELL

#### TO

COPY

# MARY KATHRYN SOBKOWICZ

2009 034270

The undersigned hereby nominates, constitutes and appoints my sister, MARY KATHRYN SOBKOWICZ, whose address is 900 Camellia Drive, Munster, Indiana 46321, as my true and lawful attorney-in-fact to do and perform for me and in my name the following.

(1) Banking and Financial Transactions—(a) To open accounts, in my name of my behalf, in any bank or trust company, savings and loan company, insurance company, credit minon, or any other banking or savings institution, and to deposit into such accounts, or into accounts or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to checks or drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any state, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) to make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) to sign checks, withdrawals, drafts receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) to have access to and to remove any or all of my property contained or held in any safety deposit box.

deposit box.

(2) Motor Vehicles-- To sell, lease, maintain, insure, license any motor vehicle which I may own or in which I may have an interest and to execute any instruments required so to do.

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65 en (3) Tax Matters--(a) To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.

### (4) Residences.

To sell, lease, maintain, and insure any residence or building which I may own or in which I may have an interest and to execute and deliver any instruments required to do so.

- (5) Conduct of Business--(a) To manage my property and to conduct my business affairs, including, but not limited to, leasing, managing and maintaining any real or personal property which I may own; (b) to recover, obtain and hold possession of any real estate, monies, goods, chattels, debts, or any other transaction in which I may have an interest; and (c) to pay, discharge or compromise any of my debts or other obligations.
- (6) Securities Transactions--(a) To purchase or otherwise acquire, to sell or otherwise dispose of, securities including, but not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in person or by proxy; and (c) to receive dividends and other distributions on such securities.
- (7) Transfer of Interest in Real Estate--To sell, convey, lease, grant an option to purchase, or otherwise transfer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and any other document(s) in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of any real estate which I now hold, or may hereinafter acquire, an interest.

(8) Health Care--(a) To employ or contract with servants, companions or health care

providers to care for me; (b) to consent to or refuse health care for me; (c) to admit or release me

from a hospital or health care facility; (d) to have access to records including medical records

concerning my condition; (e) to make plans for the disposition of my body.

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 act or thing lawfully done by my attorney-in-fact under this instrument shall be binding

on me and on my heirs, assigns and legal representatives.

Persons to whom this instrument may be delivered may rely on its being in effect and

unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused

it to be recorded, in the Miscellaneous Records of Lake County, State of Indiana. This Power shall

not be affected by my subsequent disability or incapacity, nor by lapse of time it being my intention

that this instrument constitute a durable power of attorney under the Indiana Uniform Durable Power

of Attorney Act.

day of April, 2009; before the person named below, as witness, who

has duly witnessed my signing of this instrument.

R'S SOCIAL SECURITY NUMBER

7035 Baring Avenue, Hammond, Indiana 46324

**GRANTOR'S ADDRESS** 

William a. O' R WITNESS TO SIGNING BY GRANTOR William A. O'Rourke, Attorney at Law

STATE OF INDIANA ) )SS: COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this <u>k</u> day of April, 2009, personally appeared the Grantor named above, and acknowledged the execution of the above instrument to be his/her voluntary act and deed, 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.

M Ulhar a. O' Runk Notary Public,

My Commission Expires: 6-9-15

Resident of Lake County, Indiana.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

> This Document is the property of the Lake County Recorder!

The attorney-in-fact, Mary Kathryn Sobkowicz, represents and warrants that within her knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

WILLIAM A. O'ROURKE Lake County My Commission Expires

June 9, 2015

This Instrument prepared by William A. O'Rourke, Attorney at Law

LESNIAK O'ROURKE 40 E. Joliet Street, Suite B Schererville, IN 46375 (219) 864-5300 Attorney No. 9770-45