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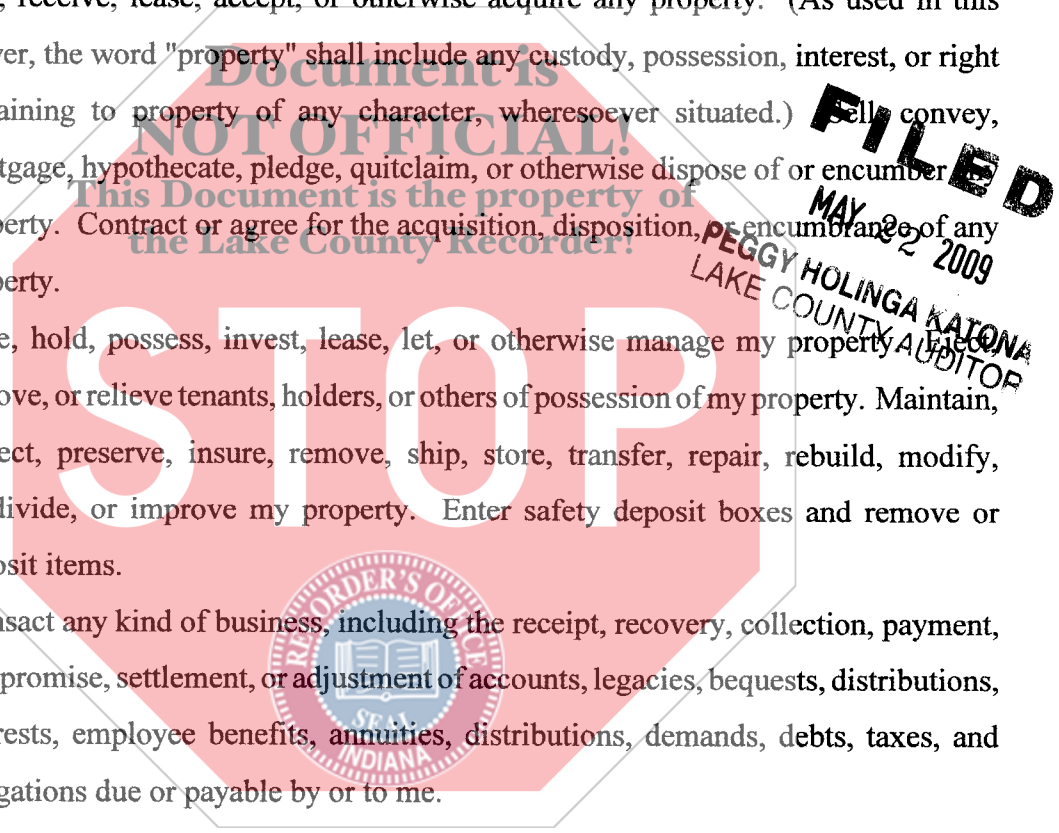
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MICHAEL A. BROWN
RECORDER

**DURABLE GENERAL POWER OF ATTORNEY AND
APPOINTMENT OF HEALTH CARE REPRESENTATIVE
BY MABLE EUNICE WHEELER**

I, appoint, my sister, **John Ella Pearson, 7319 Harrison Avenue, Hammond, Indiana 46324**, and my stepdaughter, **Carlene Jones, 175 E. 58th Avenue, Merrillville, Indiana 46410**, both persons who are over the age of twenty-one (21), as my joint attorneys-in-fact; to do any lawful act for me in my name, place and stead. By way of illustration only, and not intending any limitation, I specifically grant to my attorneys-in-fact the **POWER TO:**

1. Buy, receive, lease, accept, or otherwise acquire any property. (As used in this Power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character, wheresoever situated.) Sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber property. Contract or agree for the acquisition, disposition, or encumbrance of any property.
2. Take, hold, possess, invest, lease, let, or otherwise manage my property. Remove, or relieve tenants, holders, or others of possession of my property. Maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve my property. Enter safety deposit boxes and remove or deposit items.
3. Transact any kind of business, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, distributions, demands, debts, taxes, and obligations due or payable by or to me.
4. Make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, certificates, mortgages, security agreements, hypothecation, checks, notes, bonds, vouchers, receipts, and other instruments.



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5. Deposit/withdraw in either my name, the attorney's name, or jointly in both names, funds, negotiable paper, credit, rights, or money that may come into the attorney's hands or that may be on deposit for me.
6. Institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.
7. Act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.
8. Prepare, execute and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.
9. Disclaim any power or discretion (whether granted by the instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise detrimental to me or my estate.

My attorneys-in-fact shall, in my name upon the occurrence of the conditions hereinafter expressed, or alternatively, to do and perform each and every act and thing whatsoever requisite and 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, as is granted in I. C. 16-8-12, with the same force and effect as though I were physically and/or mentally able to act for myself; and I hereby ratify and confirm all that my said attorneys-in-fact shall do by virtue hereof.

In the event that I am physically and/or mentally unable to act on my own behalf, then I hereby charge my said attorneys-in-fact to consent to such medical treatment as, in the sole judgment of my attorneys-in-fact, appears beneficial to me and to withhold consent to any

medical examination, medical procedure(s) or medical treatment(s), which in the sole judgment of my attorneys-in-fact, is not beneficial to me.

To consent to my admission to 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, and to sign any contracts, agreements or otherwise, necessary to effect my admission to any such of the foregoing facilities.

To perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, among other things, selection of my abode, employment of companions or practical nurse(s), purchase and/or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities whether legal or moral.

To elect and designate that any income/proceeds/rents to which I am or may become entitled to be used for my health care and maintenance expense, as my attorneys-in-fact so determines.

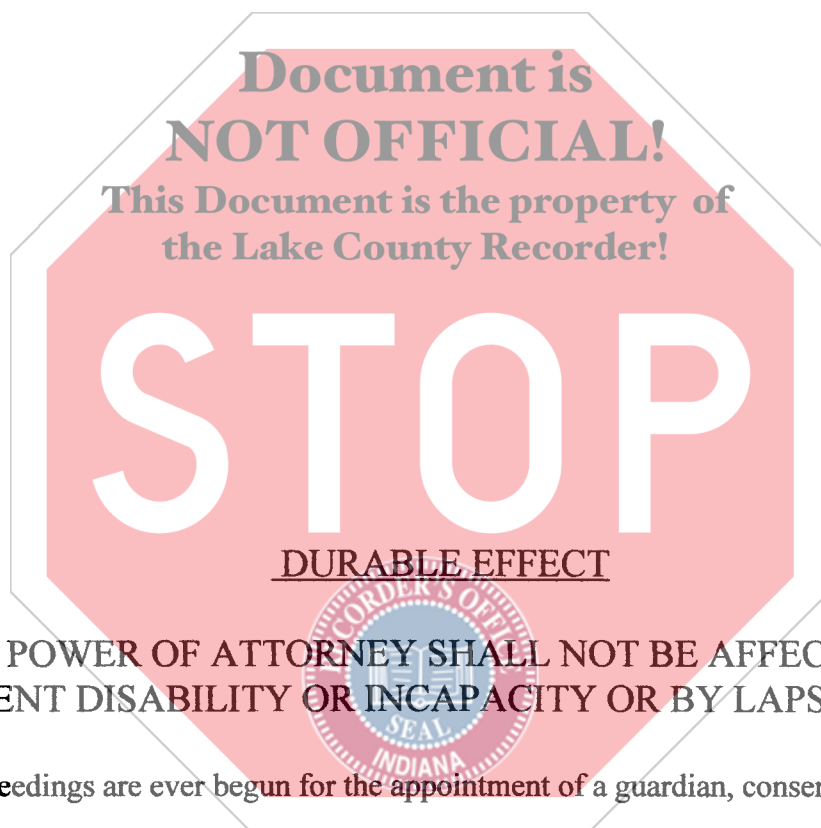
To the extent I am permitted to do so, I herewith nominate, constitute and appoint my attorneys-in-fact, to serve as my guardian, conservator and/or in any similar representative capacity, and if I am not permitted by law to so nominate, constitute and appoint, then I request in the strongest possible terms that any Court of competent jurisdiction, which may receive and be asked to act upon a Petition by any person to appoint a guardian, conservator or similar representative for me, to give the greatest possible weight to this request.

My attorneys-in-fact shall perform every act, deed, matter, and thing with respect to my estate, property, and affairs as fully and effectually as I might if personally present and acting.

In the event of the death, disappearance, disability, or resignation of either one, of my first

named attorneys-in-fact, the surviving/remaining attorney-in-fact shall become absolute, the same as if the first named joint attorneys-in-fact had not been appointed.

This appointment contemplates that the joint attorneys-in-fact act jointly or severally, meaning that decisions can be made together or by either separately.



THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY OR BY LAPSE OF TIME.

If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my attorney-in-fact under this power be appointed to that office.

TRUSTS

My attorneys-in-fact are expressly authorized to create, revoke, or amend trusts in my name and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust or the provisions of any trust that I may establish.

MINISTERIAL NATURE OF POWERS

It is not my intention to grant any beneficial interests in my estate by this instrument but to grant management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of reasonable compensation for services) not for the personal benefit of my attorney-in-fact.

APPLICABLE LAW

This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

I HEREBY REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY

IN WITNESS WHEREOF, the said **MABLE E. WHEELER** has hereunto set her hand and seal this 12 day of May, 2009, at Law, Indiana.

Mable E. Wheeler (Signature)
Mable E. Wheeler (Printed Name)

STATE OF INDIANA, COUNTY OF LAKE, ss:

Before me a Notary Public in and for said county and state residing in, Lake County, Indiana, personally appeared the Grantor, Mable E. Wheeler, known to me, or evidenced to me to be, and who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal this 12 day of May, 2009.

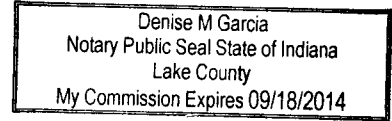
Denise M Garcia [Signature]

NOTARY PUBLIC
Denise M. Garcia [Printed Name]

My Comm. Exp.: 9-18-2014

RESIDENT COUNTY: Lake

SEAL



"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."

PREPARED BY: M.E. Wheeler



Prepared By: Attorney Cynthia I. Taylor, 5528 Melton Road, Miller Beach, Gary, IN 46403
(219)939-9529

COURT ORDER OF COMPETENCY

Attached as "Exhibit A", is the Order of the Lake County Indiana Probate Court deeming Mable Wheeler competent to handle her affairs and denying any guardianship.



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE CIRCUIT COURT
PROBATE DIVISION
SITTING AT GARY, INDIANA

IN THE MATTER OF THE)
GUARDIANSHIP OF)
MABEL E. WHEELER, an adult)
)
BRIGGET D. ROOTS)
Petitioner,)
and)
)
MABLE E. WHEELER,)
Respondent.)

CAUSE NO.: 45D04-0901-GU-00002

Filed in Open Court

MAY 12 2009

Herald N. Svetanoff
JUDGE
SUPERIOR COURT OF LAKE COUNTY

ORDER ON APRIL 23, 2009 HEARING

This matter is before this Court this date for Petitioner's Motion to Reconsider Terminating Guardianship, Respondent's Motion for Contempt Citation and Johnnie Mae Pearson's Petition for Guardianship. Petitioner appears in person and by counsel, William Dittrich. Respondent and Johnnie Mae Pearson appears in person and by counsel, Cynthia I. Taylor. The Court having considered the pleadings and heard the evidence FINDS:

1. That Mable E. Wheeler understands the proceedings, is capable of handling her affairs and does not want nor need a guardian.
2. That Petitioner's Motion to Reconsider the Removal of Guardian is Denied.
3. That Johnnie Mae Pearson's Petition for Guardianship is Denied.
4. That Respondent's Motion for Contempt is taken under advisement until Petitioner files an accounting.
5. That Petitioner must file an accounting on or before May 21, 2009.

ALL OF WHICH IS ORDERED THIS 12 DAY OF May, 2009.

Herald N. Svetanoff
JUDGE

"Exhibit A"