

# Durable Power of Attorney

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I, EVELYN RUTKOWSKI, of Crown Point, Lake County, State of Indiana, (as "Principal") have this day appointed my daughter, CYNTHIA MATCZAK, of 9920 Tyler Street, Crown Point, Lake County, Indiana, to serve as my attorney in fact ("attorney-in-fact"). If my original attorney-in-fact fails or ceases to serve as my attorney-in-fact, I name as my successor attorney-in-fact, my son, GEORGE RUTKOWSKI, of 525 North Stone Avenue, LaGrange Park, Illinois, 60526.

This power of attorney shall become effective only if I have attained a comatose state or there has been a determination of my incompetence. The issue of incompetence shall be determined as follows:

1. A court order finding the principal to be legally incapacitated, or appointing a Guardian of the person for the principal; or
2. A duly executed medical report from each of two licensed physicians, each certifying that he or she has examined the principal, and has concluded that, by reason of a medically demonstrable condition or conditions, including physical or mental illness or disability, the principal had, at the date thereof, become incapacitated to act rationally and prudently in his/her own financial best interest.

Upon attaining a conscious state or a subsequent determination of competence, this durable power of attorney may be revoked as hereinafter stated. Any physician's medical report may be revoked by a similar report, certifying that the principal is no longer incapacitated, which report may be executed by the same physicians, or by two other duly licensed physicians.

## ARTICLE I

I give to my attorney-in-fact or my successor attorney-in-fact, the powers hereinafter specified to be used on my behalf, provided that my attorney-in-fact shall not have any power which would

CERTIFIED as a true and exact copy of this original document.  
Community Trust  
By [Signature]

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

WILLIAM A. BROWN  
CLERK

20<sup>02</sup> cm

42421 RR

FILED

DEC 02 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR  
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cause my attorney-in-fact to be treated as the owner of any interest in my property. The powers are specified as follows:

Section A. Real Property Transactions: Authority with respect to real property transactions pursuant to I. C. 30-5-5-2

Section B. Tangible Personal Property Transactions: Authority with respect to tangible personal property pursuant to I. C. 30-5-5-3.

Section C. Bond, Share and Commodity Transactions: Authority with respect to bond, share and commodity transactions pursuant to I. C. 30-5-5-4.

Section D. Banking Transactions: Authority with respect to banking transactions pursuant to I. C. 30-5-5-5.

Section E. Business Operating Transactions: Authority with respect to business operating transactions pursuant to I. C. 30-5-5-6.

Section F. Insurance Transactions: Authority with respect to insurance transactions pursuant to I. C. 30-5-5-7 provided that references in I. C. 30-5-5-7 (a) (2) and (3) to Section 8 are changed "to Section 9".

Section G. Beneficiary Transactions: Authority with respect to beneficiary transactions pursuant to I. C. 30-5-5-8.

Section H. Gifts: Authority with respect to gift transactions pursuant to I. C. 30-5-5-9.

Section I. Fiduciary Transactions: Authority with respect to fiduciary transactions pursuant to I. C. 30-5-5-10.

Section J. Claims and Litigation: Authority with respect to claims and litigation pursuant to I. C. 30-5-5-11.

Section K. Family Maintenance. Authority with respect to family maintenance pursuant to I. C. 30-5-5-12.

Section L. Benefits from Military Service. Authority with respect to benefits from military service pursuant to I. C. 30-5-5-13.

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Section M. Records and Reports and Statements. Authority with respect to records, reports, and statements pursuant to I. C. 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any tax authority to allow my attorney-in-fact to act on my behalf before the taxing authority on any return or issue.

Section N. Estate Transactions. Authority with respect to estate transactions pursuant to I. C. 30-5-5-15.

**ARTICLE II - HEALTH CARE!**

I appoint my attorney in fact as my health care representative with authority to act for me in all matters of health care in accordance with I. C. 16-36-1 as shown by the appointment under I. C. 16-36-1-7 which is attached to this power and I. C. 16-36-4-10 which is attached to this power of attorney pursuant to I. C. 30-5-5-16 (b) (2) and I. C. 30-5-5-17.

**ARTICLE III - DELEGATION**

I hereby grant unto my attorney-in-fact the authority with respect to delegating authority pursuant to I. C. 30-5-5-18.

**ARTICLE IV - DURABILITY**

This power of attorney shall not be affected by the subsequent disability or incapacity of the principal or lapse of time.

**ARTICLE V - GENERAL PROVISIONS**

1. All prior powers of attorney executed by me prior to the date of this power of attorney are hereby revoked.
2. If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.
3. This instrument shall be governed by the laws of the State of Indiana in all respects.

4. ~~This instrument may be amended or revoked by me, and my agent may be removed by me at any time by the execution by me of a written instrument of revocation, or removal delivered to my attorney-in-fact. My attorney-in-fact may resign by the execution of a written resignation delivered to me, or if I am mentally incapacitated, by delivering to any person with whom I am residing or who has my care and custody.~~

5. Guardian: If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf as my guardian.

6. This instrument has been executed in duplicate, both duplicate originals have equal force and effect.

7. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

8. My attorney-in-fact is authorized to make photocopies of this instrument as frequently and in such quantity as my attorney in fact shall deem appropriate. All photocopies shall have the same force and effect as the original.

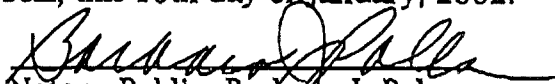
IN WITNESS WHEREOF, I have executed this durable power of attorney this 10th day of January, 2002.

  
EVELYN RUTKOWSKI

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State personally appeared EVELYN RUTKOWSKI, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 10th day of January, 2002.

  
Notary Public, Barbara J. Polen

My Commission Expires: 7/19/2009  
County of Residence of Notary Public: Lake

This instrument was prepared by John R. Sorbello, attorney at law.

**EXHIBIT A**

LOT 95, INDIAN RIDGE ADDITION, UNIT NO. 2, TO THE CITY OF CROWN POINT, AS SHOWN IN PLAT BOOK 51, PAGE 13, IN LAKE COUNTY, INDIANA.

