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# General Power of Attorney

I, DOROTHY YUHAS of WHITING, INDIANA,  
LAKE County, State of Indiana, hereby appoint  
KATHLEEN S. YUHAS of HAMMOND, INDIANA,  
 Indiana as my Attorney in Fact in the event I should become  
 incapacitated.. In the event that KATHLEEN S. YUHAS fails to serve or ceases  
 to serve as provided in IC 30-5-4-4, I hereby appoint GAYLE TOLBERTSON  
 of 1453 PARKVIEW, WHITING, Indiana, as my  
 successor Attorney-in-Fact.

Upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently, then this Power of Attorney shall become effective and my Attorney-in-Fact is authorized to proceed hereunder. My disability or incapacity for this purpose may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. For purposes of determining my disability or in capacity, I designate the person named as my Attorney-in-Fact as my personal representative regarding my "protected health" information (PHI), as provided in 45C.F.R. 164.502(g)(2), who is to be treated as I would be with respect to my rights regarding the use and disclosure of my individual identifiable health information or other medical records including any information governed by the Health Insurance Portability and Accountability Act of 1996 as amended.

My Attorney in Fact shall exercise the powers granted hereunder in a fiduciary capacity with due care and in good faith. Subject to the above successor provision, the person who is acting as my Attorney in Fact from time to time can name a successor Attorney in Fact for me. A successor Attorney in Fact shall have all of the powers herein granted to my initial Attorney in Fact. I hereby nominate the person who is serving as my Attorney in Fact as my guardian in the event that it is necessary to appoint a guardian for me. My Attorney in Fact shall have the power:

1. To take all action with respect to my property and affairs as I could take as fully and with the same effect as if I were competent and acting on my own behalf subject only to the limitations herein contained.
2. To acquire, own, manage, lease, mortgage, sell and otherwise deal with real estate and to have general authority with respect to real estate transactions as provided in IC 30-5-5-2.
3. To acquire, own, manage, sell and otherwise deal with tangible personal property and to have general authority with respect to tangible personal property transactions as provided in IC 30-5-5-3.

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4. To acquire, own, vote, participate in reorganizations, pledge, sell and otherwise deal with securities and to have general authority with respect to bond, share and commodity transactions as provided in IC 30-5-5-4.

5. To maintain bank accounts, to sign checks and notes and to enter my safe deposit box and control the contents thereof and to have general authority with respect to banking transactions as provided in IC 30-5-5-5.

6. To manage, sell and otherwise deal with any proprietorship or partnership in which I have an interest and to have general authority with respect to business operating transactions as provided in IC 30-5-5-6.

7. To acquire, pay premiums, borrow or otherwise deal with insurance and to have general authority with respect to insurance transactions as provided in IC 30-5-5-7 without the limitations contained in IC 30-5-5-0 except as modified in paragraph 9 hereof.

8. To exercise all of the rights that I may have as a beneficiary with respect to an estate, trust or other fund and to have general authority with respect to beneficiary transactions as provided in IC 30-5-5-8.

9. In the event I become mentally incapacitated, to make gifts of my property and to have general authority with respect to gift transactions as provided in IC 30-5-5-9 except that the \$10,000 limit on gifts to my Attorney in Fact and his or her dependents shall not apply and gifts to members of my family may be made if they are in the best interests of the recipients so long as such gifts: (a) are not adverse to my best interests; and (b) are made to or for the benefit of my spouse or my descendants *per stirpes*.

10. To take such action as is reasonable or necessary to wind up any matters in which I am acting as fiduciary in the event of my death or incapacity as provided in IC 30-5-5-10.

11. To exercise all of my legal rights with respect to any matter in which I may have legal rights or legal obligations and to have general authority with respect to claims and litigation as provided in IC 30-5-5-11.

12. To provide for the care, support, and education of members of my family and to have general authority with respect to family maintenance as provided in IC 30-5-5-12.

13. To exercise my military service benefit rights, if any, and to have general authority with respect to benefits from military service as provided in IC 30-5-5-13.

14. To maintain records of my property and affairs, to file tax returns on my behalf, to have access to my confidential tax records and to have full power and authority with respect to records, reports, and statements as provided in IC 30-5-5-14.

descendants *per stirpes*.

This General Power of Attorney ("GPA") shall remain in effect until my death or earlier delivery of a written revocation of this GPA to the person serving as my Attorney in Fact hereunder and, if this GPA is recorded such revocation shall reference the recorded GPA and shall be recorded in each county where this GPA has been recorded.

The references herein to sections of the Indiana Power of Attorney Act, IC 30-5, shall be deemed to be references to the comparable provisions of any amended or successor statute if such Act is amended or replaced.

Dated this 13 day of October, 2010.

Signature: \_\_\_\_\_

*Dorothy Yuhas*

Printed: \_\_\_\_\_

**DOROTHY YUHAS**

, SSN: xxx-xx-9257

Address: \_\_\_\_\_

2120 Davis Ave

Whiting, IN 46394

STATE OF INDIANA )

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) SS:

COUNTY OF LAKE )

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Before me the undersigned, a Notary Public, in and for said County and State, this 13<sup>th</sup> day of October, 2010 personally appeared Dorothy Yuhas and acknowledged the executing of the above General Power of Attorney.

*In Witness Whereof*, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: \_\_\_\_\_

12-9-18-14

County of Residence: LAKE

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Cheryl Maciejewski, Notary Public

