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**GENERAL
POWER OF ATTORNEY
OF
PEARL D. WAGNER**

2011 070761

BY THIS POWER OF ATTORNEY, I name an attorney-in-fact with power to act on my behalf pursuant to IC 30-5, as it exists now and is amended in the future.

1. **SINGLE ATTORNEY-IN-FACT.** As my attorney-in-fact, I name my son, Lee J. Wagner, to act in such capacity.

1.a. **SUCCESSOR.** 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 daughters: Carol Miszewski and Sharon Marszalek, acting together. If one of my daughters should be unwilling or unable to act, the other may act alone as my successor attorney-in-fact.

1.b. **LIABILITY LIMITED.** My attorney-in-fact shall only be liable for actions undertaken in bad faith.

1.c. **NO FEE.** My attorney-in-fact shall not be entitled to a fee for services provided as my attorney-in-fact.

2. **EFFECTIVE IMMEDIATELY.** This power of attorney shall be effective as of the date it is signed.

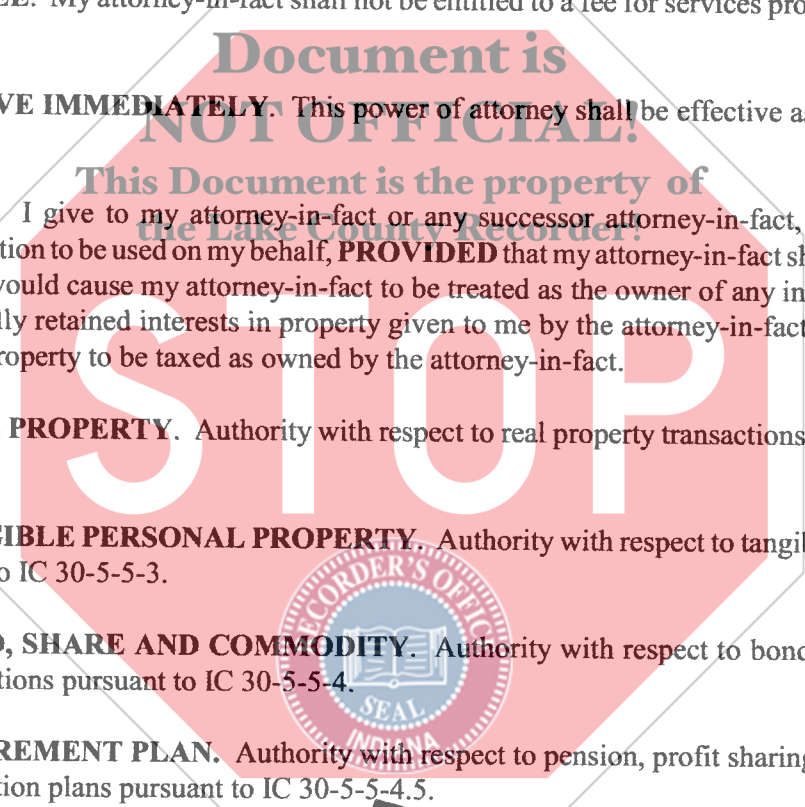
3. **POWERS.** I give to my attorney-in-fact or any successor attorney-in-fact, the powers specified in this section to be used on my behalf, **PROVIDED** that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, specifically retained interests in property given to me by the attorney-in-fact, and which would cause that property to be taxed as owned by the attorney-in-fact.

3.a. **REAL PROPERTY.** Authority with respect to real property transactions pursuant to IC 30-5-5-2.

3.b. **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property pursuant to IC 30-5-5-3.

3.c. **BOND, SHARE AND COMMODITY.** Authority with respect to bond, share and commodity transactions pursuant to IC 30-5-5-4.

3.d. **RETIREMENT PLAN.** Authority with respect to pension, profit sharing, IRAs and deferred compensation plans pursuant to IC 30-5-5-4.5.



FIDELITY NATIONAL
TITLE INSURANCE COMPANY

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FILED

DEC 07 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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LAKE COUNTY REC'D

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- 3 e. **BANKING.** Authority with respect to banking transactions pursuant to IC 30-5-5-5.
- 3.f. **BUSINESS.** Authority with respect to business operating transactions pursuant to IC 30-5-5-6.
- 3.g. **INSURANCE.** Authority with respect to insurance transactions pursuant to IC 30-5-5-7.
- 3.h. **TRANSFER OF DEATH TRANSFERS.** Authority with respect to designation of transfers on death pursuant to IC 30-5-5-7.5.
- 3.i **BENEFICIARY.** Authority with respect to beneficiary transactions pursuant to IC 30-5-5-8.
- 3.j **GIFTS.** Authority with respect to gift transactions pursuant to IC 30-5-5-9.
- 3.k **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to IC 30-5-5-10.
- 3.l **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to IC 30-5-5-11.
- 3.m **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to IC 30-5-5-12.
- 3.n **MILITARY SERVICE.** Authority with respect to benefits from military service pursuant to IC 30-5-5-13.
- 3.o **RECORDS, REPORTS AND STATEMENT.** Authority with respect to records, reports and statements pursuant to IC 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.
- 3.p **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to IC 30-5-5-15.
- 3.q **HEALTH CARE.** Authority with respect to health care pursuant to IC 30-5-5-16.
- 3.r **HEALTH CARE REPRESENTATIVE APPOINTMENT WITH POWER TO STOP 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 IC 30-5-5-16 and 30-5-5-17 including, without limitation, the power to consent to or refuse health care in accordance with IC 16-36-4 and IC 16-36-1.

3.r.1. **STOP HEALTH CARE.** I authorize my attorney-in-fact to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my attorney-in-fact is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my attorney-in-fact may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

3.r.2. **CONSULTATION.** My attorney-in-fact must try to discuss this decision with me. However, if I am unable to communicate, my attorney-in-fact may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my attorney-in-fact may also discuss this decision with my family and others, to the extent they are available.

3.s **DELEGATE.** Authority with respect to delegating authority pursuant to IC 30-5-5-18.

3.t **ALL OTHER MATTERS.** Authority with respect to all other matters pursuant to IC 30-5-5-19.

4. **PRIOR GENERAL POWERS OF ATTORNEY REVOKED.** All powers of attorney not applicable to a specific property interest owned by me and identified in the power of attorney executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all powers of attorney not revoked.

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 or as my guardian.

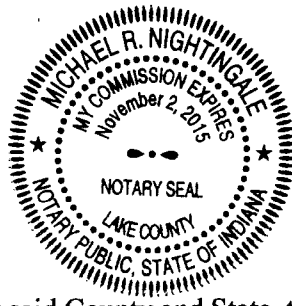
6. **TERMINATION ON DEATH.** Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death whichever occurs first.

DATE 5/27/18

Name Signed Pearl D. Wagner
Pearl D. Wagner
7423 Harrison Avenue
Hammond, IN 46324



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



Before me, a Notary Public, in and for said County and State, this 27 day of MAY, 2010, personally appeared **Pearl D. Wagner**, and acknowledged the execution of the foregoing instrument to be her free and voluntary act.

My Commission Expires:

11-2-2015

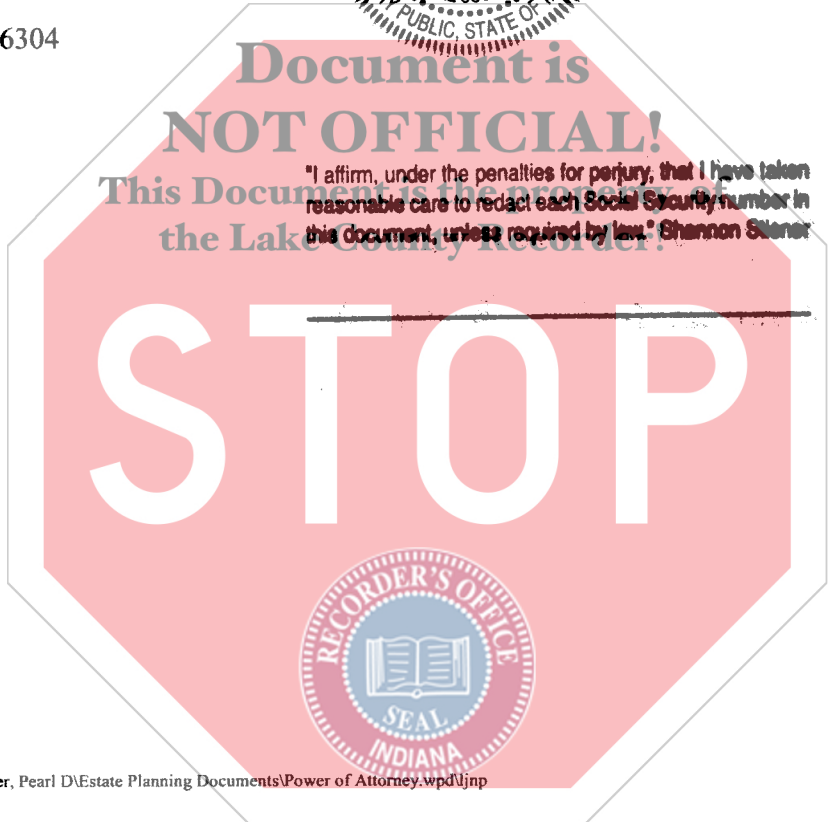
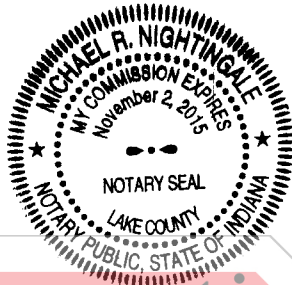
County of Residence:

LAKE

Notary Public

Printed: MICHAEL NIGHTINGALE

This Instrument Prepared By:
Morris A. Sunkel
HARRIS WELSH & LUKMANN
107 Broadway
Chesterton, IN 46304
(219) 926-2114



No: 920114634

LEGAL DESCRIPTION

Lot 1 in Hendorra Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 18 page 2, in the Office of the Recorder of Lake County, Indiana.

