

u

**POWER OF ATTORNEY**

**OF**

**ADELLE T. TOLEDO**

2013 021334

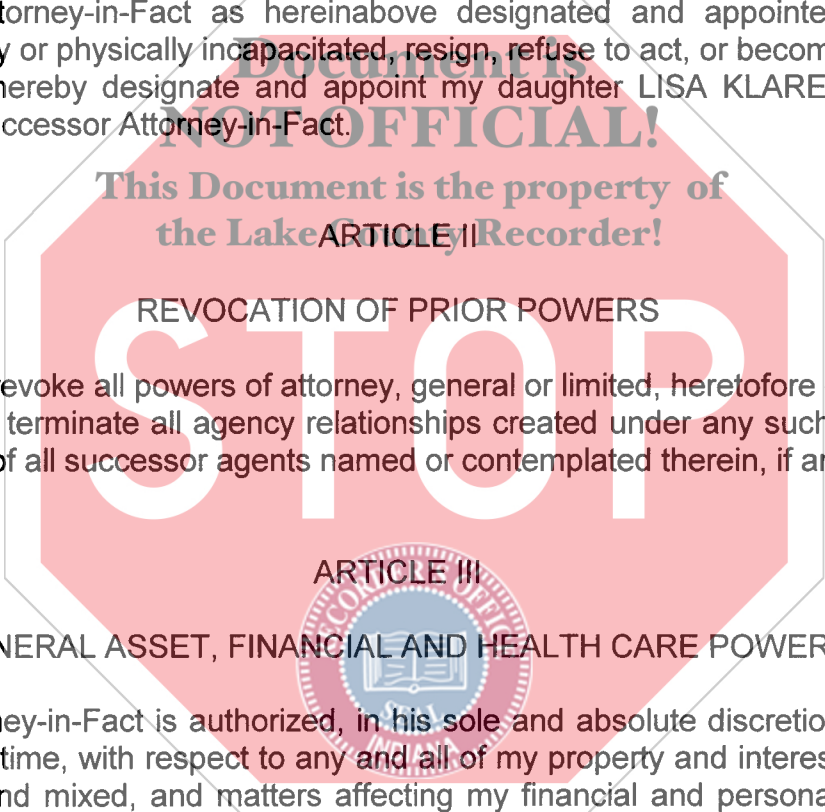
**ARTICLE I**

BT1300081

**DESIGNATION OF AGENT**

I, <sup>(b)</sup>ADELLE T. TOLEDO, of Dyer, Indiana, being a mentally competent adult, do hereby designate and appoint my husband ROBERT O. TOLEDO of Dyer, Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, personal and health care decisions for me in my name, place and stead as authorized in this document.

If my Attorney-in-Fact as hereinabove designated and appointed should die become mentally or physically incapacitated, resign, refuse to act, or become unavailable I then and do hereby designate and appoint my daughter LISA KLARE of Northfield, Illinois, as my successor Attorney-in-Fact.



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

**ARTICLE III**

**REVOCATION OF PRIOR POWERS**

I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

**ARTICLE III**

**GENERAL ASSET, FINANCIAL AND HEALTH CARE POWERS**

My Attorney-in-Fact is authorized, in his sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated under the following sections of the Indiana Code governing Powers of Attorney.

IC § 30-5-5-2

(1)

Conferring general authority with respect to real property transactions.

21897

**FILED**  
MAR 20 2013  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

22.00  
CT  
YN  
NIDWCOMA

STATE OF INDIANA  
LAKE COUNTY  
RECORDER  
MAR 21 2013

**Power Of Attorney - ADELLE T. TOLEDO**  
**Page 2**

- IC § 30-5-5-3 Conferring general authority with respect to tangible personal property transactions.
- IC § 30-5-5-4 Conferring general authority with respect to bond, share and commodity transactions.
- IC § 30-5-5-5 Conferring general authority with respect to banking transactions.
- IC § 30-5-5-6 Conferring general authority with respect to business operating transactions.
- IC § 30-5-5-7 Conferring general authority with respect to insurance transactions.
- IC § 30-5-5-8 Conferring general authority with respect to beneficiary transactions.
- IC § 30-5-5-9 Conferring general authority with respect to gift transactions.
- IC § 30-5-5-10 Conferring general authority with respect to fiduciary transactions.
- IC § 30-5-5-11 Conferring general authority with respect to claims and litigation.
- IC § 30-5-5-12 Conferring general authority with respect to family maintenance.
- IC § 30-5-5-13 Conferring general authority with respect to benefits from military service.
- IC § 30-5-5-14 Conferring general authority with respect to records, reports, and statements.
- IC § 30-5-5-15 Conferring general authority with respect to estate transactions.
- IC § 30-5-5-16 Conferring general authority with respect to health care powers.
- IC § 30-5-5-17 Conferring general authority with respect to withdrawing or withholding of medical treatment on behalf of the principal.
- IC § 30-5-5-18 Conferring general authority with respect to delegating authority.
- IC § 30-5-5-19 Conferring general authority with respect to all other matters.

I hereby incorporate by reference all the powers granted an Attorney-in-Fact under Indiana Code Sections 30-5-5-2 through 30-5-5-19 and grant these powers to ROBERT O. TOLEDO or his successors under this document.

ARTICLE IV

PROVISION APPLICABLE TO ARTICLE III

With respect to Article II (General Asset, Financial and Health Care Powers), it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

Furthermore, this power of attorney and the authority I have conferred and specified under Article III above shall remain in full force and effect until such time as I may hereinafter revoke the same in writing, provided further, that the same shall not be affected by my subsequent disability, incompetence, or lapse of time.

ARTICLE V

THIRD-PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact, shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

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

ARTICLE VI

NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, ROBERT O. TOLEDO, hereinabove designated and appointed, to be my guardian. In the event that he dies, resigns, or is unable to serve, then I nominate LISA KLARE as my alternate guardian.

ARTICLE VII

EFFECTIVE DATE

This durable power of attorney shall become effective as of this 17th day of April, 2008.

**ARTICLE VIII**

**MISCELLANEOUS PROVISIONS**

1. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.

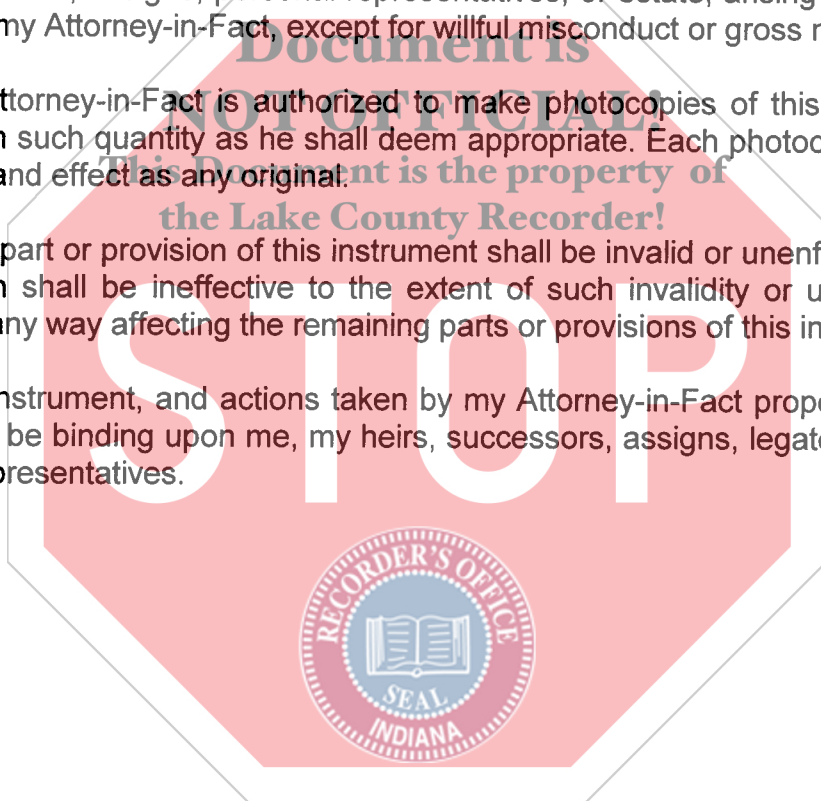
2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.

3. My Attorney-in-Fact, including his heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary), and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate, arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he shall deem appropriate. Each photocopy shall have the same force and effect as any original.

5. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

6. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.



**Power Of Attorney - ADELLE T. TOLEDO**  
**Page 5**

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 17th day of April, 2008.

*Adelle T. Toledo*  
ADELLE T. TOLEDO

STATE OF INDIANA     )  
COUNTY OF LAKE     ) SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared ADELLE T. TOLEDO, who acknowledged the execution of the foregoing General Durable Power of Attorney this 17th day of April, 2008.

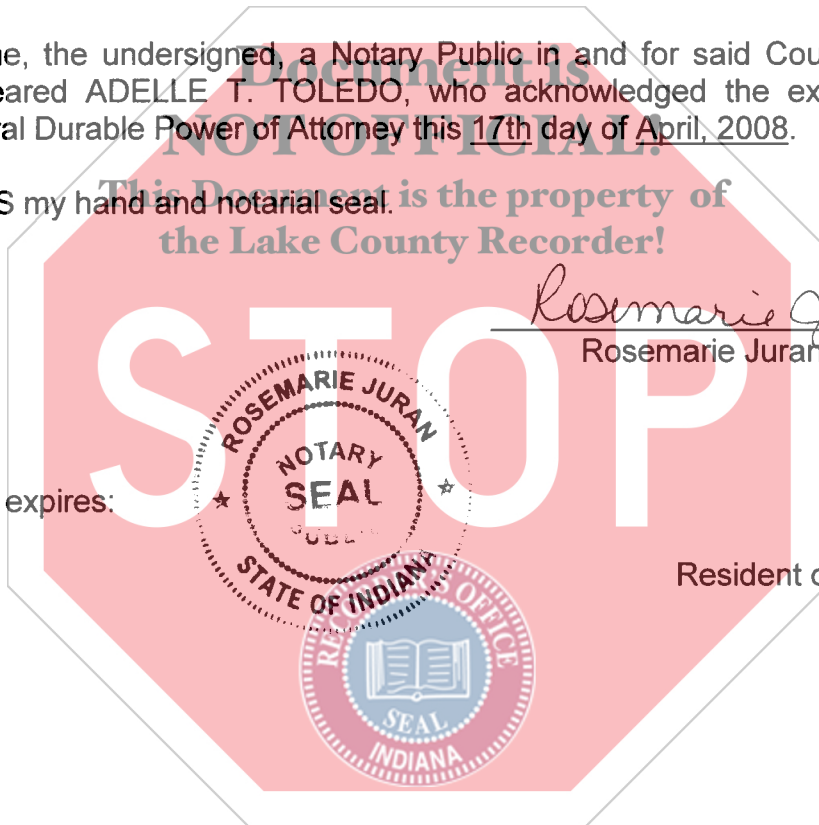
WITNESS my hand and notarial seal.

*Rosemarie Juran*  
Rosemarie Juran, Notary Public

My Commission expires:

9/6/2014

Resident of Lake County



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.

/s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45)  
900 Parker Pl., Suite A, Schererville, In 46375 (219) 864-7800

