

2.

When recorded, mail to:

Name: _____

Address: _____

City/State/Zip Code: _____

2014 011342

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB 26 PM 12:03

MICHAEL B. BROWN
RECORDER

Space above this line for Recorder's use

GENERAL DURABLE FINANCIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, Emma Makarewich
the undersigned principal, whose address is 8408 Schreiber Dr.,
Munster, IN 46321 by this instrument, hereby constitute and appoint,

→ Suzanne Musikantow, whose address is
145 Town Center, #596, Corte Madera, CA 94925

as my agent to act in my name, place and stead, and for my use and benefit as if I were personally present to accomplish the same.

I specifically authorize, although not limited thereby, my above named agent to:

- a) ask, collect, demand, receive, recover and sue for all such sums of money, debts, accounts, legacies, bequests, interest, dividends, annuities and demands whatsoever as are now, or shall hereafter become due, owing, payable or belonging to me; to have, use and take all lawful ways or means necessary to grant acquittance or other sufficient discharges for the same;
- b) bargain, contract, purchase, receive, sell, possess, convey, transfer, lease, let, demise, remise, assign, release, encumber, hypothecate, mortgage, or otherwise exercise any property right in any and all types, kinds and descriptions of both real and personal property, in lands, tenements, hereditaments, attachments, equipment, goods, wares, choses in action, personality or other property in possession or in action;
- c) sign, seal, deliver or otherwise execute and/or acknowledge any agreement, bottomry, bill, bill of lading, bond, charter, contract, covenant, deed, debt instrument, demand, indenture, judgment, note, notice, pledge, protest, receipts, release, satisfaction of mortgage or any other such instruments in writing as may be necessary or proper to fully accomplish these premises;
- d) deposit, withdraw, pledge or otherwise collect, recover or hypothecate any and all monies held in my name in any bank, savings and loan association, trust company, thrift institution, loan company, brokerage firm, insurance company, or any other financial institution or an individual or firm acting in a fiduciary capacity in regards to any such monies now due, owing, payable or otherwise belonging to me;
- e) exercise any rights, options or privileges available to me under or in connection with any annuity, contract, disability award, accumulated retirement contract or life insurance policy, including, but not limited to, the right to amend, change or modify the manner, method or frequency of payments under such contract, and to surrender, pledge or change the beneficiary under any such life insurance policy or policies;
- f) invest and reinvest my money in any debtor equity security, such as stocks, bonds, debentures, treasury bills, treasury notes, trust certificates, certificates of deposit, joint ventures, mortgages, deeds of trust, limited partnerships or contract services.

GIVING AND GRANTING unto said Agent, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this Power of

B^{CO}
CASH
P.P.

Attorney, and therefore, I hereby ratify and confirm every act that said Agent shall lawfully do or cause to be done by virtue of these presents.

The validity of this Power of Attorney shall not be affected by my subsequent disability or incapacity or the lapse of time, and shall continue in full force and effect during my lifetime, unless sooner revoked or terminated by me in writing.

IN WITNESS WHEREOF, I, have hereunto set my hand this 25th day of February, 2014.

Jean Bass
Signature of Witness
438 S 3rd St.
Address of Witness
Chesterton, IN 46304
City/State/Zip Code

X Emma P Makarewicz
Signature of Principal
8408 Schreiber Dr.
Address of Principal
Munster, IN 46321
City/State/Zip Code

ACKNOWLEDGMENT OF PRINCIPAL

I, Emma Makarewicz, the principal, sign my name to this power of attorney this 25th day of February, 2014, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me; that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

X Emma P Makarewicz
Signature of Principal

AFFIDAVIT OF WITNESS

I, _____, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

State of INDIANA)
County of Lake) ss.

Jean Bass
Signature of Witness

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by EMMA MAKAREWICZ, the principal, and subscribed and sworn to before me by JEAN BASS, the witness, this 25th day of February

My Commission Expires: JANUARY 9, 2022
Constance Jusko
Notary Public

If acknowledged in State of Florida, complete section below:
(Principal) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: _____

(Witness) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: _____

