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GENERAL
POWER OF ATTORNEY
OF
MARGARET B. DAVIS

aka Margaret Davis

2015-084355

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. As my attorney-in-fact, I name my daughter, Carol M. Jachimczak, whose address and telephone number are 6554 Stillwater, Portage, IN 46368; telephone: (219) 763-1636.

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, Arthur J. Davis, whose address and telephone number are 3655 Gateman Street, Portage, IN 46368; telephone: (219) 759-4144

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 my 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. **BANKING.** Authority with respect to banking transactions pursuant to IC 30-5-5-5.

3.e. **BUSINESS.** Authority with respect to business operating transactions pursuant to IC 30-5-5-6.

3.f. **INSURANCE.** Authority with respect to insurance transactions pursuant to IC 30-5-5-7 provided that references in IC 30-5-5-7(a)(2) and (3) to "section 8" are changed to "section 9".

3.g. **BENEFICIARY.** Authority with respect to beneficiary transactions pursuant to IC 30-5-5-8.



STATE OF INDIANA
LAKE COUNTY
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3.h. **GIFTS.** Authority with respect to gift transactions pursuant to IC 30-5-5-9.

3.i. **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to IC 30-5-5-10.

3.j. **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to IC 30-5-5-11.

3.k. **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to IC 30-5-5-12.

3.l. **MILITARY SERVICE.** Authority with respect to benefits from military service pursuant to IC 30-5-5-13.

3.m. **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.n. **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to IC 30-5-5-15.

3.o. **HEALTH CARE.** Authority with respect to health care pursuant to IC 30-5-5-16.

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

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

4. **SUPERSEDES PRIOR POWERS OF ATTORNEY.** This power of attorney supersedes all other powers of attorney I executed prior to the date of this power of attorney.

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 1-31-10 Name Signed Margaret B. Davis

Name Printed MARGARET B. DAVIS A/K/a Margaret Davis

Social Security Number [REDACTED]

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

+a/k/a Margaret Davis

Before me, a Notary Public, in and for said County and State, this 3rd day of January, 2010, personally appeared Margaret B. Davis, * and acknowledged the execution of the foregoing instrument to be his/her free and voluntary act.

My Commission Expires: Donna Morgan Behrens

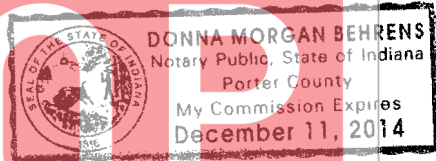
12-11-14 Printed: Donna Morgan Behrens

County of Residence: Porter

This Document is the property of the Lake County Recorder!

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.

Name [Signature]



PREPARED BY: MARGARET B. DAVIS, a/k/a Margaret Davis

RETURN TO: MARGARET B. DAVIS
2706 ENGEL ST
PORTAGE, IN 46308

