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DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, ELEANOR LESICH of Dyer, Lake County, Indiana, do hereby make, constitute, and appoint LAWRENCE J. LESICH of St. John, Indiana, my true and lawful Attorney-In-Fact for me and in my name, with full power of and authority to do any and all acts and perform all things necessary as fully and effectually in all respects as I could do if personally present, including all of the following matters and things but not restricted thereto, to-wit: to ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on account of debts and legacies and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payments; to sell, assign and transfer stocks and bonds and securities standing in name or belonging to me; to buy and sell securities of all kinds in my name and for my account and at such places as shall seem good to her; to sign, execute, acknowledge and deliver in my name transfers and assignments of securities; to borrow money and to pledge securities for such loans if in the judgment of my Attorney-In-Fact such action should be necessary; to consent in my name to reorganizations and mergers, and to the exchange of securities for new securities; to manage real property, to sell, convey and mortgage realty, and to foreclose mortgages and to take title to property in my name if he thinks proper, to execute, acknowledge and deliver deeds of real property, mortgages, releases, satisfactions and other instruments relating to realty which she considers necessary; to place and effect insurance; to do business with banks and particularly to endorse all checks and drafts made payable to my order and to collect the proceeds and to withdraw funds from said accounts, to open accounts in my name or in her name as my Attorney-In-Fact; to make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs; to open, inspect, and remove the contents of any safety deposit box; to retain counsel

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

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HOLD FOR MERIDIAN TITLE CORP

Kevin A. Diary  
Meridian Title

14-25329

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and attorneys on my behalf, to appear for me in all actions and proceedings to which I may be party in the courts of the State of Indiana or any other state in the United States, or in the United States Courts, to commence actions and proceedings in my name if necessary, to sign and verify in my name all complaints, petitions, answers and other pleadings of every description; to represent me in all income tax matters before all officers of any administrative or judicial or legislative board or bureau, to make and verify income tax returns, claims for refund, requests for extension of time, and consents in my name, to execute petitions of appeal and to cause me to be represented in such proceedings; hereby giving and granting to my said Attorney-In-Fact full power and authority to do and perform all and every act and thing whatsoever necessary to be done in the premises, as fully to all intents and purposes as I might do or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney-In-Fact may do pursuant to this power; to use generally anyones and property belonging to me in the general proper support, maintenance, care and attention of myself; to give in all respects proper receipts, releases and acquittances therefore with no liability on the part of any obligor making payments to my Attorney-In-Fact to see to the application of the proceeds of such payments or collections.

This Durable Power of Attorney is executed pursuant to the provisions of I.C. 1971, 30-2-11-1 and shall not be effected by subsequent disability, incapacity of the principal; or lapse of time. Pursuant to the provisions of I.C. 1971, 30-2-11-4(b), I hereby nominate and appoint LAWRENCE J. LESICH of St. John, Lake County, Indiana, as my conservator, guardian of my estate and/or guardian of my person should application be made by any person or entity to a court of competent jurisdiction for protective proceedings for my person or estate subsequent to the date of this instrument.

LIVING WILL DECLARATION

Declaration made this 29th day of June, 1990, I Eleanor Lesich, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time I have an incurable injury, disease, or illness certified in writing to be a terminal condition by my attending physician, and my attending physician has determined that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the provision of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full import of this declaration.

Signed:

  
ELEANOR LESICH

CITY: TOWN OF HIGHLAND  
COUNTY: COUNTY OF LAKE  
STATE OF RESIDENCE: INDIANA

The declarant has been personally known to me, and I believe her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part

of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years old.

WITNESS: [Signature] DATE: June 29, 1990

WITNESS: [Signature] DATE: June 29, 1990

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29th day of June, 1990.

Eleanor Lesich  
ELEANOR LESICH

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public, in aforesaid county and state, on this 29th day of June, 1990, personally appeared the within named ELEANOR LESICH and acknowledged the execution of the foregoing Durable Power of Attorney and Living Will Declaration. Witness my hand and official seal.

Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!

Denise M. Walsh  
Denise M. Walsh, Notary Public

My Commission Expires: 6/15/94  
County of Residence: Lake

This Instrument Prepared By: Michael L. Muenich  
Attorney at Law  
3235 - 45th Street  
Highland, Indiana 46322  
219/924-3640

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 Kim A. Diaz 4

**EXHIBIT "A"**

Property Address: 217 Illinois Street, Dyer, IN 46311  
File No.: 16-25329

Lot 19, in Block 6, as marked and laid down on the recorded plat of Town of Dyer, in Lake County, Indiana, as the same appears of record in Miscellaneous Record "A", page 251, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):  
State ID Number Only                    45-10-12-381-015.000-034

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

