

GENERAL DURABLE POWER OF ATTORNEY

3

By this General Durable Power of Attorney, I name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code (I.C.) 30-5, as it exists now and is amended in the future.

I, Patricia Murphy, of 103 S. Fremont Street, P.O. Box 280, Tampico, Illinois, being at least eighteen (18) years of age and mentally competent, do hereby designate my attorney J. Justin Murphy, Esq. ,whose address is 6939 Kennedy Avenue, Hammond, Indiana and whose telephone number is 219-844-3025, as my true and lawful attorney-in-fact.

1. **POWERS.** I give to my above-named attorney-in-fact the powers specified in this section to be used on my behalf, provided, however, 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 (including, but not limited to, 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.

(a) **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2. Further, my attorney-in-fact designated herein specifically provided with all authority necessary to close the sale of the property commonly known as 4910 Ivy Street, East Chicago, Indiana to Buyer.

(b) **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3.

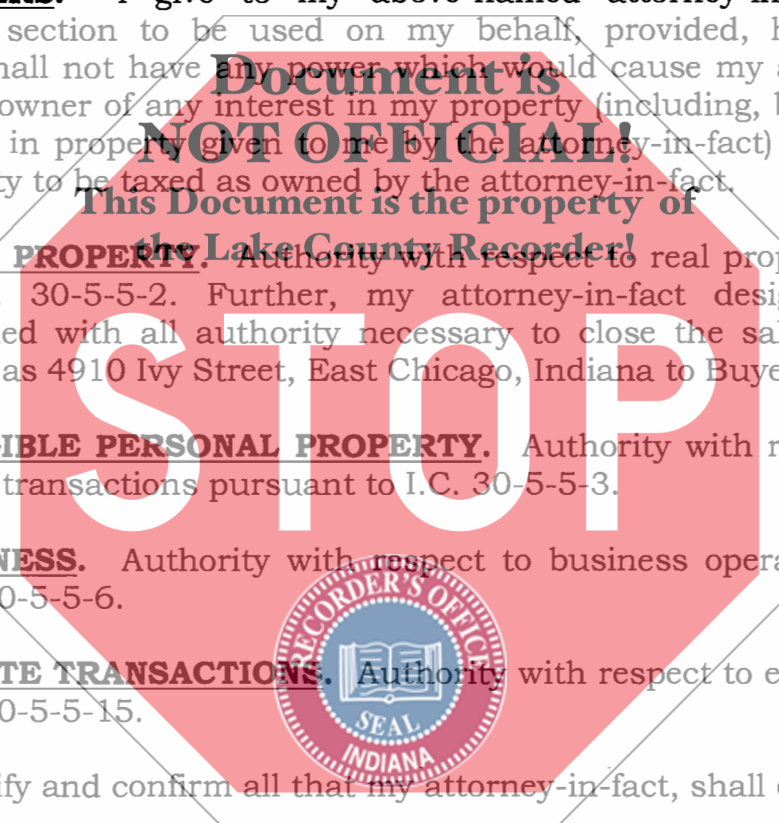
(c) **BUSINESS.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.

(e) **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15.

I hereby ratify and confirm all that my attorney-in-fact, shall do by virtue of the above powers.

2. **EFFECTIVE DATE.** This Power of Attorney shall become effective upon signature.

3. **DURABILITY.** This Power of Attorney shall not be affected by my subsequent disability or incapacity.



2017 050433

STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE
FILED FOR RECORD
2017 MAR 14 AM 11:43
MICHAEL S. BROWN
RECORDER

PM
PM

E

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 008851
OVERAGE _____
COPY _____
NON-COM _____
CLERK PM

4. **TERMINATION.** I hereby reserve the right to revocation; however, this Power of Attorney shall continue in full force and effect until my death, or until I have signed a written instrument of revocation identifying this Power of Attorney and either recorded such revocation in the county of my domicile, or given actual knowledge of such revocation to my attorney-in-fact, and, in the event that this Power of Attorney was recorded, then the instrument of revocation must be recorded in my county of domicile, and in any other Recorder's Office in which this Power of Attorney was recorded and must reference the book(s) and page(s) or instrument number(s) where this Power of Attorney was recorded.

FURTHER, I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON WHO, IN GOOD FAITH, ACTS UNDER THIS POWER OF ATTORNEY OR TRANSACTS BUSINESS WITH MY ATTORNEY-IN-FACT OR ATTORNEYS-IN-FACT, AS APPLICABLE, IN RELIANCE UPON THIS POWER, WITHOUT ACTUAL KNOWLEDGE OF ITS REVOCATION.

5. **AUTHORITY OF SUCCESSOR ATTORNEY-IN-FACT OR ATTORNEYS-IN-FACT, AS APPLICABLE:**

(a) Any attorney-in-fact hereunder shall be considered to fail to serve, or cease to serve, when:

- (1) the attorney-in-fact dies; or
- (2) the attorney-in-fact resigns; or
- (3) the attorney-in-fact is adjudged incapacitated by a court; or
- (4) the attorney-in-fact cannot be located upon reasonable inquiry; or

(5) a physician familiar with the condition of the current attorney-in-fact certifies in writing to the immediate successor attorney-in-fact that the current attorney-in-fact is unable to transact a significant part of the business required under this Power of Attorney.

(b) (1) The death of any attorney-in-fact hereunder may be established by the affidavit of any person named as an attorney-in-fact hereunder; however, this is not intended to be the exclusive means for establishment of the death of any attorney-in-fact hereunder.

(2) The resignation of any attorney-in-fact hereunder may be established by a written document bearing such attorney-in-fact's notarized signature to that effect; however, this is not intended to be the exclusive means for establishment of the resignation of any attorney-in-fact hereunder.

PM
PM

(3) The inability to locate any attorney-in-fact hereunder upon reasonable inquiry may be established by the affidavit of any person named as an attorney-in-fact hereunder; however, this is not intended to be the exclusive means for establishment of the inability to locate any attorney-in-fact hereunder upon reasonable inquiry.

6. **REIMBURSEMENT OF EXPENSES/COMPENSATION.** My attorney-in-fact shall be entitled to reimbursement of all reasonable expenses advanced by my attorney-in-fact or on behalf of me.

Also, my attorney-in-fact shall be entitled to a reasonable fee for services rendered. My attorney-in-fact shall, no latter than twelve (12) months after the date the service is rendered, notify me in writing of the amount claimed as compensation for rendering the service.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of August, 2017.



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Patricia Murphy, who acknowledged the execution of the foregoing General Durable Power of Attorney, and delivered said instrument as his free and voluntary act, for the uses and purposes set forth herein.

WITNESS my hand and Notary Seal this 1st day of August, 2017.

Lucinda Murphy
LUCINDA MURPHY, NOTARY PUBLIC

My Commission Expires: 11.02.17
County of Residence: Lake

"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."
PREPARED BY: PM

PM
PM