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# GENERAL DURABLE POWER OF ATTORNEY

I, Rose Marie Franko, of Lake County, State of Indiana, being at least eighteen (18) years of age and mentally competent, do hereby designate Linda Brasher, whose address and telephone number is 5633 Redwood Avenue, Portage, IN 46368, (219) 762-8192, as my true and lawful attorney-in-fact. In the event that my attorney-in-fact fails or ceases to serve, I do hereby designate Rose Ames, whose address and telephone number is 3912 Bluebell, Portage, Indiana 46368, (219) 759-7611, as my successor attorney-in-fact to act with the same general authority as is herein granted my attorney-in-fact. In the event that my attorney-in-fact fails or ceases to serve and the first designee fails or ceases to serve, I do hereby designate Mary Rodriguez, whose address and telephone number is 196 E. U.S. Highway 6, Valparaiso, Indiana 46383, (219) 462-6733, as my successor attorney-in-fact to act with the same general authority as is herein granted my attorney-in-fact.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2017 OCT 18 PM 1:37  
MICHAEL B. BROWN  
RECORDER

## I. Powers:



The above-named attorney-in-fact shall have general authority to act on my behalf as a fiduciary with respect to the following, as the same are defined under Indiana Code 30-5-5 and incorporated herein by reference:

**Real Property transactions; Tangible personal property transactions; Bond, share, and commodity transactions; Banking transactions; Business operating transactions; Insurance transactions; Beneficiary transactions; Gift transactions; Fiduciary transactions; Claims and litigation; Family maintenance; Benefits from military service; Records, reports, and statements; Estate transactions; Health care powers; Delegating authority; as well as all other matters;**

and hereby ratify and confirm all that my attorney-in-fact shall do by virtue thereof.

## II. Effective Date:

This Power of Attorney shall become effective upon my incapacitation or incompetence, as certified in writing by a Physician.

## III. Termination:

I hereby reserve the right of revocation.

AMOUNT \$ 25-  
 CASH  CHARGE   
 CHECK # \_\_\_\_\_  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM \_\_\_\_\_  
 CLERK RR

R.F.

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Further I agree to indemnify and hold harmless any person who, in good faith, acts under the Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IV. Guardianship

In the event a judicial proceeding is brought to establish a guardianship over my person and/or property, I hereby appoint the individual then acting as my attorney-in-fact, pursuant to the foregoing provisions of this Power of Attorney, to serve as guardian.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28<sup>th</sup> day of April, 2011.

**Document is NOT OFFICIAL!**

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

**STOP**

Rose Marie Franko  
Rose Marie Franko

Address  
5725 Jackson St.  
Merr. In. 46410

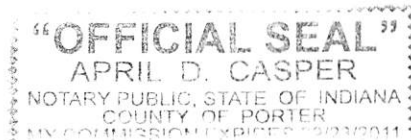
STATE OF INDIANA )  
                                  ) SS: ~~XXXXXXXXXX~~  
COUNTY OF PORTER )

Before me, a Notary Public in and for said County and State, personally appeared Rose Marie Franko, who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal, this 28 day of JUNE April, 2011.

"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: JMB

April 1, 2011 ASPER



This instrument prepared by: Joseph Nugent (#26102-45), 7225 E. Ridge Rd., Hobart, Indiana 46342

R.F.