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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

MERIDIAN TITLE

FILE # 19. 36626

Type of Document is

This Document is the property of
the Lake County Recorder!

GRANTOR/MORTGAGOR:
Dorothy J. Hosteller

GRANTEE:

Margaret A. Gough

PROPERTY ADDRESS: 3691 5. 692 the mervillville, IN. 46410

25° pr 6782

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GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCU-MENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Dorothy J. Hostetler of Merrillville, Indiana the undersigned Principal, do hereby make and grant a general power of attorney to my daughter, , of 3691 E. 69th Ave., Merrillville, Indiana Margaret A. Gough 46410

and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (N) below for which the grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withbell bunty Recorder!

(A) Real estate transactions HEREBY CERTIFY THIS TO BE A TRUE (B) Tangible personal property transactions AND EXACT COPY OF THE ORIGINAL (C) Bond, share and commodity transactions mul (D) Banking transactions (E) Business operating transactions (F) Insurance transactions (G) Gifts to charities and individuals other than Attorney-in-Fact (H) Claims and litigation (I) Personal relationships and affairs (J) Benefits from military service (K) Records, reports and statements (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select (M) All other matters

Durable Provision:

(N) If the blank space in the block to the left is initialed by the grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the grantor.

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My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to det and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this

10.+K

day of September

. 1996 .

Signed in the presence of:

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Sidh	Lorgfield Accordy J. Total steel.
Witness	Document is DOROTHY J MOSTETLER.
44 IMIC22	Document is
Kille	This Document is the Niversen Fact of ACOUCH
Witness	This Document is the property of ACALET A GOOGH
. (the Lake County Recorder!
State of	Indiana
County of	Lake 10-96 before me, Dorothy JHostetler
On 9-	before me, Dorothy of 103 1011
appeared	to be the person(s)
personally	known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) ne(s) is/are subscribed to the within instrument and acknowledged to me that
L - /-b - /-b -	executed the same in his/her/their authorized capacity(les), and that by tus/ner/their
cionature/s	on the instrument the person(s), of the entity upon behalf of which the person(s)
acted exec	and the instrument
words , and	t affirm, under penalties for perjury, that I have taken reasonable care to redact each
WITNESS	my hand and official seal. Social Security number in this document,
•	unless required by law. Jauro Albraica.
O:	Juman & isa Shamlor
Signature	
	Affiant Known Produced ID
	? Tamara Lisa Thornton ? Type of ID
(Seal)	Notary Public, State of Indiana \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	My Commission Expires 05/04/00 3
TUIS	INSTRUMENT WAS PREPARED BY. DOROTHY I LIOSTETLER