THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

## **POWER OF ATTORNEY**

OF  MARGARET TILLER	2019-077425		STATE OF INDIA! LAKE COUNTY FILED FOR RECO
(GRANTOR)	- 2019 Nov 12	3:64 PM	MICHAEL B BRO
TO			RECORDER
BETTY ANN BUSHEMI (ATTORNEY-IN-FACT)			<del></del>
The undersigned hereby nominates, constitutes and appoints	BETTY ANN BUS	HEMI	
e address is 7541 Foxwood Drive, Schererville, I	ndiana 46375		
true and lawful attorney-in-fact to do and perform for me and in r	ny name the following	:	
[Strike any paragraph not app	olicable]		
The Banking and Financial Transactions — (a) To open accounts trust company, savings and loan company, insurance company, credit and to deposit into such accounts, or into accounts now existing checks, notes, drafts, acceptances or other evidences of indebted not being limited to, checks or drafts issued by the Treasurer of department or agency of the United States Covernment or by the other official, bureau, department or agency of any State, municipally withdraw or receive from such accounts, all or any part of the and to sign such documents as may be required in connection withdrawal from or receipt of such accounts; and (d) to have account and or held in the following safety deposit box: Box No.	union, or any other be or hereafter established as payable to or below the United States or Treasurer or similar ality or other government of the deposit into any of the depo	anking or saving of in my name onging to me, any other off official of anyment body; and make such such accountain with distant or all of	ngs institution, e, any money, including but ficial, bureau, state, or any d to disburse, endorsements ts; (c) to sign
(INSTITUTION)	(BRA)	NCH)	,
2) Motor Vehicles — To sell, lease, maintain, insure, license and or in which I may have an interest and to execute and deliver any ins	truments required so t	o do.	_
Tax Matters — (a) To prepare, execute and file on my bela amount determined due; (b) to prepare, execute and file on my bela property taxes, assessments, and applications for exemptions; and applications and settle tax displays a may be necessary to negotiate, compromise and settle tax displays a may be necessary and taxes due.  4) Conduct of Business — (a) To manage my property and to amitted to, leasing, managing and maintaining any real or personal and hold possession of any real estate, monies, goods, chattels, on interest; and (c) to pay, discharge or compromise any of my debts and securities. Transactions — (a) To purchase or otherwise acquired and on such terms as my attorney-in-fact may determine; (b) to be proxy; and (c) to receive dividends and other distributions on such terms as my attorney-in for such consideration and upon such terms as my attorney-in conditional sale, and also to execute and deliver any deed, sales again such manner and form as may be necessary or required for meaning the manner and form as may be necessary or required for meaning taxes.	conduct my business property which I may debts, or any other to or other obligations. The and to sell or other ies or evidences of indivote any such security uch securities. The and to sell or other obligations are and to sell or other obligations are and to sell or other ies or evidences of indivote any such security uch securities. The and option to punfact shall deem adversement, lease, contract shall deem adversement, lease, contract shall deem adversement, lease, contract shall deem and the action of the actio	g to real estate ehalf in tax n ing determinat s affairs, inclu own; (b) to re hing in which erwise dispose debtedness, all ies in my nan archase, or oth isable, includir t and any other	and personal natters where ions of value ding but not ecover, obtain I may have of, securities, at such price ne, in person herwise transing a contract redocument(s)
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(7) Other powers specifically designated:

in my name those things which such attorney deems exp	give my attorney-in-fact power and authority to do for me and pedient to and necessary to effectuate the intent of this instrument,
also to revoke the powers given in this instrument.	unto myself, however, the power to act on my own behalf and
	n-fact under this instrument shall be binding on me and on my
heirs, assigns and legal representatives.  If protective proceedings for my person and/or estatements.	te shall be commenced, I hereby nominate
	as Guardian(s) of my person and as Guardian(s) or Conservator(s),
as the case may be, of my estate, to serve without bond to	o the full extent permitted by law.
The following named banks, savings and loan association	ations, investment firms, and/or other persons, firms or corporations ect and unrevoked by me unless I shall have executed a proper
instrument of revocation and delivered it, or caused it to	be delivered, to such person, firm or corporation:
Holding Institution	Type of Account Account Number Savings
Calumet National Bank Calumet National Bank	Checking
Calumet National Bank	Certificate of Deposit
Calumet National Bank	Certificate of Deposit
Bank of Highland	Savings rely on its heing in effect
All other persons, firms and corporations to whom	his instrument may be delivered may rely on its being in effect proper instrument of revocation and recorded it, or caused it to
be recorded, in the Office of the Recorder of	FICIACOUNT, State of Indiana.
SELECT ONLY ONE OF THE FOLLOWING PROVI	SIONS BY STRIKING ALL INAPPLICABLE PROVISIONS:
A. This Dower of Attorney shall not be affected	by my subsequent disability or incapacity, nor by lapse of time, e a durable power of attorney under the Indiana Uniform Durable
Power of Attorney Act.	e a durable power of attorney under the indiana officers.
B. This Power of Attorney shall automatically to	minate and become null and void on (DATS)
but shall not be affected by my o	disability or incapacity prior to such data
C. This Power of Attorney shall not be affected	by lapse of time, but small automatically terminate and become
null and void upon my disability or incapacity.	
D. This Power of Attorney shell automatically te	
or upon my disability or incapac	pity, whichever chall first occur
Signed this day of Februar	counterparts, each of
which shall be considered an original.	
Counterpart No.	1'00.
No.	Bagwet Jeller
	THE PARTY OF PARTY OF THE PARTY
	GRANTOR'S SOCIAL SECURITY NUMBER
	6730 Forestdale Avenue Hammond, Indiana 46323
	GRANTOR'S ADDRESS
STATE OF INDIANA ) SS:	
COUNTY OF Lake	•
	d for said County and State this 26th day of
Before me, the undersigned, a Notary Public in and	d for said County and State, this do not do not said County and State, this do not said County and State, this do not do not said County and State, this
Power of Attorney to be the voluntary act and deed of	the Grantor, for the uses and purposes therein stated.
IN WITNESS WHEREOF, I have hereunto set m	y hand and official seal the day and year last above written.
	- Wing Kool
	NOTARY PUBLIC Gina Keel
	OTIVE VECT
My Commission Expires: 8/23/94	Resident Of: Lake County.
my Commission Expuss.	
	8959 Broadway, Merrillville, , Attorney at Law.
This instrument prepared by Source Indiana 46410	