

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-580558, I

2021-580558

STATE OF INDIANA

09/30/2021 11:41AM

LAKE COUNTY

Total Fees: 25.00

FILED FOR RECORD

By: DN

GINA PIMENTEL

Pg #: 7

RECORDER

Indiana Durable General Power of Attorney
of
MARCIA K. SCHAAF

KNOW ALL MEN BY THESE PRESENTS, That I,

Name: MARCIA K. SCHAAF
Address: 9133 W. 107th Place, St. John, IN 46373
Phone: (708)473-2115
Date of Birth: July 8, 1949

have made, constituted and appointed and by these presents do make, constitute and appoint, an Attorney-in-Fact to act on my behalf, pursuant to I.C. 1991, Article 30-5, as amended from time to time, as my true and lawful Attorney-in-Fact, for me and in my name, place, and stead in the State of Indiana.

1. As my Attorney-in-Fact, I name:

Name Fred Schaaf, Jr.
Address 9133 W. 107th Place, St. John, IN 46373
Telephone Number (708)473-2115

2. If my original Attorney-in-Fact fails to qualify within thirty (30) days from the date of this instrument, or fails or ceases to serve, pursuant to I.C. 1991, §§30-5-4-4, then I name as my Successor Attorney-in-Fact:

Name Fred M. Schaaf
Address 17807 Paxton, Lansing, IL 60438
Telephone Number

If my Successor Attorney-in-Fact fails to qualify within thirty (30) days from the date of this instrument, or fails or ceases to serve, pursuant to I.C. 1991, §§30-5-4-4, then I name as my 2nd Successor Attorney-in-Fact:

Name N/A
Address
Telephone Number

3. **POWERS.** I give my Attorney-in-Fact or any Successor Attorney-in-Fact the powers specified in this section to be used on my behalf, PROVIDED 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, resulting from the exercise of the powers authorized herein.

a. **REAL PROPERTY TRANSACTIONS.** Authority with respect to real property transactions, pursuant to Indiana Code 1991, §30-5-5-2.

CTNW 2105990

CHESCO TITLE INSURANCE COMPANY

- b. **TANGIBLE PERSONAL PROPERTY TRANSACTIONS.** Authority with respect to tangible personal property, pursuant to Indiana Code 1991, §30-5-5-3.
- c. **BOND, SHARE AND COMMODITY TRANSACTIONS.** Authority with respect to bond, share and commodity transactions, pursuant to Indiana Code 1991, §30-5-5-4.
- d. **BANKING TRANSACTIONS.** Authority with respect to banking transactions, pursuant to Indiana Code 1991, §30-5-5-5.
- e. **BUSINESS OPERATIONS TRANSACTIONS.** Authority with respect to banking transactions, pursuant to Indiana Code 1991, §30-5-5-6.
- f. **INSURANCE TRANSACTIONS.** Authority with respect to insurance transactions, pursuant to Indiana Code 1991, §30-5-5-7, provided that references in Indiana Code 1991, §30-5-5-7(a)(2) and (3), to "Section 8" are changed to "Section 9."
- g. **BENEFICIARY TRANSACTIONS.** Authority with respect to beneficiary transactions, pursuant to Indiana Code 1991, §30-5-5-8.
- h. **GIFT TRANSACTIONS.** Authority with respect to gift transactions, pursuant to Indiana Code 1991, §30-5-5-9.

OPTIONAL:

I specifically grant unto my attorney-in-fact full power to conduct estate planning on my behalf, for the purpose of providing for me or other members of my family, reducing tax liability, or preserving assets for use by other family members in the event I require long-term health care, including, but not limited to the following acts:

The making of gifts or a sequence of gifts of any or all of my cash, property or interests in property, including any right to receive income from any source, in equal shares to my children, namely _____, or their surviving issue, per stirpes, without any prohibition against self-dealing and without any restrictions on aggregate yearly value of a gift to an individual or group, or to my attorney-in-fact or a person that my attorney-in-fact has a legal obligation to support under any law, it being my intention to modify the statutory power available to attorneys-in-fact to make gifts so as to permit my specifically herein named attorney in fact to make gifts to my attorney-in-fact or dependants within the limitations of this section.

IT IS MY INTENTION BY EXECUTING THIS POWER OF ATTORNEY TO AND I DO HEREBY GRANT TO MY ATTORNEY-IN-FACT THE SPECIFIC AUTHORITIES HEREIN CONTAINED AND DO HEREBY GRANT TO MY ATTORNEY-IN-FACT GENERAL AUTHORITY WITH RESPECT TO GIFTS AS IS CONTEMPLATED UNDER INDIANA CODE §30-5-5-9.

IT IS MY INTENTION THAT ALL GIFTS MADE PURSUANT TO THIS POWER SHALL BE FINAL AND COMPLETED GIFTS, AND I SHALL HAVE NO POWER TO REVOKE ANY SUCH GIFT AND NO SUCH GIFT SHALL BE CONDITIONAL IN ANY WAY.

ANY PERSON OR ENTITY TO WHOM A COPY OF THIS POWER OF ATTORNEY IS DELIVERED MAY RELY HEREON, SHALL HAVE NO DUTY TO INVESTIGATE RESPECTING THE INCLUSION OR QUALIFICATION OF ANY DONEE OR MEMBER OF THE DONEE GROUP, HEIRSHIP, OR STATUS AS ISSUE OR OTHERWISE, SHALL HAVE NO DUTY TO INVESTIGATE RESPECTING THE AMOUNT OF ANNUAL EXCLUSION AVAILABLE TO ANY DONEE OR GROUP, SHALL HAVE NO DUTY TO INVESTIGATE RESPECTING ANY LIMITATIONS OR RESTRICTIONS ON GIFTS TO MY ATTORNEY-IN-FACT, AND SHALL ACT IMMEDIATELY UPON DIRECTION OF MY ATTORNEY IN FACT.

OPTIONAL:

However, this authority shall be limited to the power to make gifts to organizations for charitable or other purposes, in satisfaction of a written pledge made by me to any such organization.

- i. **FIDUCIARY TRANSACTIONS.** Authority with respect to fiduciary transactions, pursuant to Indiana Code 1991, §30-5-5-10.
- j. **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation, pursuant to Indiana Code 1991, §30-5-5-11.
- k. **FAMILY MAINTENANCE.** Authority with respect to family maintenance, pursuant Indiana Code 1991, §30-5-5-12.
- l. **BENEFITS FROM MILITARY SERVICE.** Authority with respect to benefits from military service, pursuant to Indiana Code §30-5-5-13.
- m. **TRANSACTIONS REGARDING RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports and statements, pursuant to Indiana Code 1991, §30-5-5-14.
- n. **ESTATE TRANSACTIONS.** Authority with respect to Estate transactions, pursuant to Indiana Code 1991, §30-5-5-15.
- o. **DELEGATION OF AUTHORITY.** Authority with respect to delegating authority, pursuant to Indiana Code 1991, §30-5-5-18.
- p. **TAXES.** To prepare, execute, verify, and file in my name and on my behalf, any state or federal income or gift tax return or other return, power of attorney, report, protest or instrument in connection with any tax imposed or purported to be imposed by any government, or

claimed or assessed by any governmental authority; to receive confidential information and to perform any and all acts which I could perform with respect to tax matters, including power to receive refunds.

q. **SOCIAL SECURITY, MEDICARE AND MEDICAID.** To deal with the Social Security Administration, to arrange for the direct deposit of my social security benefits into a bank account standing in my name and to sign any and all documents required to accomplish such direct deposit; to apply for, and otherwise deal with Medicare, Medicaid and any similar benefits; and to prepare, sign on my behalf, and file appropriate claims for reimbursement for medical expenses.

r. **SAFETY DEPOSIT BOX(ES).** To enter at anytime to remove the content of, or to add to the contents of, any safe deposit box in my name or which I could enter if personally present.

s. **ALL OTHER MATTERS.** Authority with respect to all other matters, pursuant to Indiana Code 1991, §30-5-5-19.

4. **PRIOR GENERAL POWERS OF ATTORNEY REVOKED.** All powers of attorney, not applicable to a specific property interest owned by me and identified in the power of attorney, executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all powers of attorney not revoked.

5. **NO FEE.** My Attorney-in-Fact shall not be entitled to a fee for services provided as my Attorney-in-Fact, but may be reimbursed for any and all reasonable expenses incurred.

6. **EFFECTIVE IMMEDIATELY.** This power of attorney shall be effective as of the date it is signed.

OPTIONAL:

EFFECTIVE UPON INCAPACITY. *md*
This power of attorney shall be effective only upon determination of my incapacity, as attested to by my attending physician, in writing, indicating that I am no longer capable of handling my own financial concerns.

7. **LIMITATION ON LIABILITY.** My Attorney-in-Fact shall only be liable for actions undertaken in bad faith; provided, however, my Attorney-in-Fact shall be liable for the negligent exercise of any non-health related power, if the exercise of this power involves self-dealing.

8. **REVOCAION.** I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of this county of my domicile a written revocation hereof and copy delivered to my Attorney-in-Fact, in person or by mail, return receipt requested, at the last known address, which shall be deemed delivered.

9. **GUARDIAN.** If protective proceedings are instituted on my behalf or a Guardian is requested to act on my behalf, I name my Attorney-in-Fact to act on my behalf or as my Guardian.

10. **TERMINATION ON DEATH.** Without regard to my mental or physical condition, this Power of Attorney shall continue in effect until revoked or until my death, whichever occurs first.

I executed this instrument on 10/10/18, 2018

Marcia K. Schaaf
MARCIA K. SCHAAF

UNDER PENALTIES FOR PERJURY, WE, the undersigned, being the Declarant and the witnesses, respectively declare:

1. That the Declarant executed the instrument as the Declarant's Durable General Power of Attorney.
2. That in the presence of all witnesses, the Declarant signed or acknowledged the Declarant's signature already made or directed another to sign for the Declarant in the Declarant's presence.
3. That the Declarant executed the Durable General Power of Attorney as the Declarant's free and voluntary act for the purposes expressed in it.
4. That each of the witnesses, in the presence of the Declarant and of each other, signed the Durable General Power of Attorney as witnesses.
5. That the Declarant was personally known to me and was of sound mind.
6. That to the best of their knowledge, the Declarant, at the time, was at least eighteen (18) years of age.
7. That each of the witnesses hereby attest to the following: I am competent; I am at least eighteen (18) years of age; I am not a parent, spouse, or child of Declarant; I am not, to the best of my knowledge, entitled to any part of the Declarant's estate; and I am not directly financially responsible for the Declarant's financial or medical care.

Marcia K. Schaaf
Marcia K. Schaaf

Dennis Baumgartner
Witness 1
Dennis Baumgartner
Printed Name

Address: 17906 Community St.
Lansing, IL 60438

Robert Fritts
Witness 2
Robert Fritts
Printed Name

Address: 316 Greiner St
Fate Forest IL 60440

State of Illinois)
) SS
County of Cook)

The undersigned, a Notary Public in and for the above County and State, residing in Cook County, Illinois, certifies and witnesses that the above signed individuals, who are personally known to me to be the same persons whose names are subscribed to this instrument, appeared before me in person and acknowledged their signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

Date: Oct. 19, 2018

[Handwritten Signature]

Notary Public

John A. Hiskes

(Print Name of Notary)

My Commission Expires: 1/4/21

This instrument was prepared by:
John A. Hiskes
Hiskes, Dillner, O'Donnell, Marovich & Lapp, Ltd.
10759 W. 159th Street, Suite 201
Orland Park, IL 60467
(708)403-5050



Property of Lake County Recorder

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020033132

DATE ISSUED: FEBRUARY 28, 2020

DECEDENT INFORMATION

DATE FILED: FEBRUARY 28, 2020

NAME: FRED SCHAAF JR

DATE OF DEATH: FEBRUARY 22, 2020

SEX: MALE SSN:

AGE: 075 YEARS

DATE OF BIRTH: SEPTEMBER 26, 1944

BIRTHPLACE: CHICAGO, ILLINOIS, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: NORTHSIDE HOSPITAL

LOCATION OF DEATH: ST PETERSBURG, PINELLAS COUNTY, 33709

RESIDENCE: 9133 W. 107TH PLACE, ST. JOHN, INDIANA 46373, UNITED STATES

COUNTY: LAKE

OCCUPATION, INDUSTRY: OWNER, TRUCKING COMPANY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: MARCIA ALDERDEN

FATHER'S/PARENT'S NAME: FRED SCHAAF SR

MOTHER'S/PARENT'S NAME: ELIZABETH ZANDT

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MARCIA SCHAAF

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 9133 W. 107TH PLACE, ST. JOHN, INDIANA 46373, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: Scott Hickey, F044604

FUNERAL FACILITY: HOLLOWAY FUNERAL HOME INC F980162

112 BAYVIEW BLVD, OLDSMAR, FLORIDA 34677

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: SMITS CREMATORY

DYER, INDIANA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0621

DATE CERTIFIED: FEBRUARY 24, 2020

CERTIFIER'S NAME: RISHI BILPIN PATEL

CERTIFIER'S LICENSE NUMBER: 0516221

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. ACUTE HYPOXIC RESPIRATORY FAILURE DUE TO COMMUNITY ACQUIRED PNEUMONIA

b. MYELODYSPLASTIC SYNDROME

c. COMMUNITY ACQUIRED PNEUMONIA

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? YES

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

STATE REGISTRAR

REQ: 2021366003

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THIS DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GULE EMBOSSED SEAL, AND THERMOGRAPHIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DN FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

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VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

