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2022-500977
01/07/2022 10:25 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

RECORDING COVER SHEET

-Power of Attorney-

IN2134298:

AFTER RECORDING, PLEASE RETURN TO:
NEAR NORTH NATIONAL TITLE GROUP, LLC.
555 BUTTERFIELD ROAD, SUITE 210
LOMBARD, IL 60148

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IN 2134298

DURABLE GENERAL POWER OF ATTORNEY

OF

JOE CASH

TO

MAUREEN P. HERNANDEZ

I, JOE CASH, as principal, designate and name MAUREEN P. HERNANDEZ to be my attorney in fact, under Indiana Code 30-5, as it may be amended or replaced (the "Statute").

A. **Powers.** This Power of Attorney incorporates the following powers and confers general authority to the Attorney in Fact upon each power:

Real property transactions	[IC 30-5-5-2]
Tangible personal property transactions	[IC 30-5-5-3]
Bond, share, and commodity transactions	[IC 30-5-5-4]
Retirement Plans	[IC 30-5-5-4.5]
Banking transactions	[IC 30-5-5-5]
Business operating transactions	[IC 30-5-5-6]
Insurance transactions	[IC 30-5-5-7]
Transfer on Death	[IC 30-5-5-7.5]
Beneficiary transactions	[IC 30-5-5-8]
Gift transactions	[IC 30-5-5-9]
Fiduciary transactions	[IC 30-5-5-10]
Claims and litigation	[IC 30-5-5-11]
Family maintenance	[IC 30-5-5-12]
Benefits from military service	[IC 30-5-5-13]
Records, reports, and statements	[IC 30-5-5-14]
Electronic records, reports and statements	[IC 30-5-5-14.5]
Estate transactions	[IC 30-5-5-15]
Delegation of authority	[IC 30-5-5-18]
All other matters	[IC 30-5-5-19]

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney in fact deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. **Reservation of Power to Act and to Revoke.** I reserve unto myself the power to act on my own behalf and to revoke or amend this Power of Attorney.

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- C. **Liability of Attorney in Fact.** My attorney in fact is liable only if my attorney in fact acts in bad faith.
- D. **Duration of Power of Attorney.** This Power of Attorney is not terminated by my incapacity.
- E. **Successor Attorney in Fact.** As a successor to my attorney in fact I designate and name KEVIN M. CASH. Such successor shall become my attorney in fact when the person first designated and named has failed or ceased to serve as specified in the Statute, or has declined to serve.
- F. **Binding Effect.** Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 14th day of September, 2021.

Joe Cash

JOE CASH, Principal
9087 Mathews St.
Crown Point, IN 46307

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the Principal named above and acknowledged the execution of this instrument this 14th day of September, 2021.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.



[Signature]
Patrick A. Schuster Notary Public

I affirm that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.

/s/ Patrick A. Schuster

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 115 S. Court St., Ste. E. Crown Point, IN 46307

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Exhibit "A"

Lot 15 except 5 feet by parallel line off the entire Northerly side thereof, in Block 6, in Fairview Heights in the City of Crown Point, as per plat thereof recorded in Plat Book 30, Page 81, in the Office of the Recorder of Lake County, Indiana.