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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

CERTIFIED
as true and exact copy
of this original document
Community Title Company
Cyr.

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I

DOROTHY NASH

of the County of Lake, and State of Indiana, have made, constituted and appointed and by these presents do make, constitute and appoint:

HESBY NASH

of the County of Lake, and State of Indiana, or his designee, as my agent and true and lawful attorney-in-fact, to do for me and in my name, place, and stead, and for my use and benefit all such actions which I could do if personally present, with full power of delegation of duties and full power of substitution and revocation as to successor. If my said attorney-in-fact is unable or unwilling to serve in such capacity as my agent and true and lawful attorney-in-fact, then

PHILLIP R. NASH

of the County of Lake, and the State of Indiana can designate a successor to serve accordingly, including himself. If she is unable or unwilling to serve in such capacity as my agent and true and lawful attorney-in-fact, then

BARBARA J. TUCK

of the County of Lake, and State of Indiana can designate a successor to serve accordingly, including herself. If she is unable or unwilling to serve in such capacity as my agent and true and lawful attorney-in-fact, then

PATRICIA A. POSTON

of the County of Lake, and the State of Indiana can designate a successor to serve accordingly, including herself. My agent shall not be bound by any rules of self-dealing, conflicts of interest, or rule of law concerning undivided loyalties.

If it should be necessary that a guardian be appointed for either my person or estate then it is my direction that such guardian be allowed to serve without bond or other cost.

This power of attorney shall be known as a Durable Power of Attorney and shall not be affected by any period of disability or incapacity by me, regardless of any legal adjudication or inability to administer to one's own affairs, and shall become effective upon my incompetency. I shall be deemed to be incompetent for purposes of this Power of Attorney if my personal physician so certifies in writing, or, if I have no personal physician, by an affidavit attesting thereto executed by my attorney-in-fact. This durable power of attorney shall include, but not be limited to the following:

AT

*See attached
Death Certificate*

COMMUNITY TITLE COMPANY
FILE NO. 2325906

NOT AN OFFICIAL DOCUMENT

1. General Grant of Power. To exercise, do, or perform any act necessary to transfer to the trustee of any living trust I have established during my lifetime all property, real or personal, tangible or intangible, sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, Social Security, insurance and other contractual benefits and proceeds, all documents of title, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by, or due, owing, payable or belonging to me or in which I have or may hereafter acquire an interest; to have, use and take all lawful means and equitable and legal remedies and proceedings in my name for the transfer thereof and to execute and deliver for me, on my behalf and in my name, documents, deeds, assignments, stock powers or other documents of transfer necessary to effect such transfer.

2. Motor Vehicles. To apply for a Certificate of Title upon, and endorse and transfer to the trustee of any living trust I have established during my lifetime, title to any automobile, truck, pickup, van, boat, motorcycle or other motor vehicles, and to represent in such transfer or assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer or assignment.

3. Tax Powers. To prepare, sign and file federal and state income tax returns or declaration of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to authorize and consent to any gift and to utilize any gift-splitting provision or other tax election; to prepare, sign and file any claims for refund or any tax; and to pay any part or all of the tax shown due by any or all of such income and gift tax returns, including any declaration, interest, and penalties subsequently determined to be due thereon without reimbursement from any other person; to execute and deliver to the Internal Revenue Service or any state revenue service the appointment of an attorney-in-fact, including my above appointed attorney-in-fact or any person authorized to practice before such tax bodies, for any such taxes and for any such years as my attorney-in-fact may deem necessary for purpose of carrying out the powers granted under this paragraph.

4. Safe Deposit Box. To have access at any time or times in the presence of the trustee of any living trust I have established during my lifetime, or an agent or such trustee, to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof for delivery to the said trustee, and to surrender or relinquish said safe deposit box; any institution in which any such safe deposit box may be located shall not inure any liability to me or to my estate as a result of permitting my agent to exercise this power in the presence of the trustee or an agent of the trustee.

5. Insurance. To take any and all actions with respect to life, health, property and casualty insurance as may be required to claim any benefits under any policies for payment to the trustee of any living trust I have established during my lifetime. In addition, my attorney-in-fact is authorized to apply for insurance on my behalf, to select proper amounts and types of coverages, cancel, change insurers, and settle any and all claims with or without resort to litigation. As to any policy of life insurance, the attorney-in-fact shall have the right and power to transfer the ownership of such policy to the trustee of any living trust I have established during my lifetime, together with all of the rights, benefits and duties under such policy. The action of such attorney-in-fact in making such transfer to my trustee shall discharge the insurance company from any responsibility because of such transfer.

6. Personal Care and Well Being. Perform every act, deed, matter and thing necessary to provide for my personal care and well being, including inter alia, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provisions for any dependents of mine. To the extent provisions of this paragraph contradict provisions of a Medical Power of Attorney, I may execute, whether simultaneously, previously or hereafter, the Medical Power of Attorney shall take precedence.

7. Real Estate. This power is expressly intended to apply to all real estate in which I have a legal interest and the attorney-in-fact is expressly authorized to transfer all such real estate, or interests in real estate, to the trustee of any living trust I have established during my lifetime. For recording purposes only, and not by way of limitation, a schedule containing the legal description of such real estate is attached to this power.

NOT AN OFFICIAL DOCUMENT

8. Ministerial Nature of Powers. It is not my intention to grant any beneficial interests in my estate by this instrument, but to grant to my attorney-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are exercised in a fiduciary capacity for my benefit and (except for provisions of reasonable compensation for services of my attorney-in-fact) not for the personal benefit of my attorney-in-fact.

9. Interpretation. This instrument is to be construed and interpreted as a durable power of attorney. The enumeration of specific items, acts, rights or powers herein is not intended to, nor does it limit or restrict the powers herein granted to my agent, it being my intent in granting this power of attorney to authorize my attorney-in-fact to transfer any assets held in my name over to my living trust, and shall be so construed.

10. Third Party Reliance. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives. Third parties which come into contact with each attorney-in-fact are expressly granted the right to rely upon the terms of this instrument, whether in original or photostatic form. This power of attorney shall remain in force until written notice of cancellation is provided by such one or more to all parties hereto.

The ability or unwillingness to act on the part of my first named attorney-in-fact may be established by the affidavit of the successor attorney in fact. Any person dealing with my alternate attorney-in-fact shall be fully protected free from liability for action taken in reliance upon such affidavit.

THIS DURABLE POWER OF ATTORNEY REVOKES ALL PREVIOUS DURABLE POWERS OF ATTORNEY.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26th day of December, 1991.

Dorothy Nash (Seal)
DOROTHY NASH

WITNESSES:

James O. Allen
Bonita L. Estabrook

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INDIANA STATE BOARD OF HEALTH

Local No. 0574-92

CERTIFICATE OF DEATH

State No. _____

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) HESBY NASH		2. SEX MALE	3a. TIME OF DEATH 3:00 P.	3b. DATE OF DEATH (Month, Day, Year) MARCH 10, 1992
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) JANUARY 17 1918
7. BIRTHPLACE (City and State or Foreign Country) Fisk, Missouri		8. PLACE OF DEATH (Same as 7. See instructions!)		
9a. WAS DECEDENT A U.S. VETERAN? No		9b. YEAR/LAST SERVED IN US ARMED FORCES? XX		
HOSPITAL: <input type="checkbox"/> XX <input type="checkbox"/> Other		OTHER: <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		

DECEDENT

9c. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9d. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9e. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) DOROTHY SMITH	12a. DECEDENT'S USUAL OCCUPATION (Give level of work done during most of working life. Do not use retired) CARPENTER	12b. KIND OF BUSINESS, INDUSTRY CONSTRUCTION
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION SCHERVILLE	13d. STREET AND NUMBER 1543 KENNEDY AVE
13e. ZIP CODE 46375	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. CITIZEN OF WHAT COUNTRY? USA	13h. PLACE—American Indian, Black, White, etc. (Specify) WHITE
14. FATHER'S NAME (First, Middle, Last) BAYLIS NASH		15. MOTHER'S NAME (First, Middle, Maiden Surname) IRENE HUFF	

PARENTS

INFORMANT

16. INFORMANT'S NAME (Type/print) DOROTHY NASH		20a. MAILING ADDRESS (Street, use Number or Rural Route Number, City or Town, State, Zip Code) 1543 KENNEDY AVE, SCHERVILLE, IN 46375	20b. Relationship WIFE
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MARCH 13, 1992 CHAPEL LAWN MEMORIAL GARDENS	
21c. LOCATION—City or Town, State SCHERVILLE, INDIANA			

DISPOSITION

22a. EMBALMER'S NAME ELVIN L. ELLISON	22b. EMBALMER'S LICENSE NO. FDO 1009542	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>	24b. LICENSE NUMBER (of Licensed) FDO 1006015	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL GARDENS INC. 2828 HIGHWAY AVE. HIGHLAND, IN 46322 FBI 3003035

CAUSE OF DEATH

26. IMMEDIATE CAUSE OF DEATH (Specify, use appropriate terms such as cardiac or respiratory arrest, stroke or heart failure. List only one cause on each line.)

Chronic Congestive Heart Failure 3 months

27. DUE TO OR AS A CONSEQUENCE OF
Coronary Artery occlusive Disease 3 weeks

28. DUE TO OR AS A CONSEQUENCE OF

29. DUE TO OR AS A CONSEQUENCE OF

CERTIFIER

PART 3. Other significant conditions - Conditions contributing to death but not previously stated in Part 1.		27. WAS DECEDENT PREVIOUSLY IN THE POSTMORTEM? (Yes or no) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
30. CERTIFIER <input checked="" type="checkbox"/> XX CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the condition(s) stated.	<input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated.			
<input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				

HEALTH OFFICER

29b. SIGNATURE AND TITLE OF CERTIFIER <i>A. Gandhi</i>		29c. MEDICAL LICENSE NO. 29887	29d. DATE SIGNED (Month, Day, Year) MARCH 11, 1992
30. NAME AND ADDRESS OF PERSON WHO COMPLETELY CAUSED DEATH ITEM 26 (Type/print) ARVIND GANDHI, M.D. 9122 COLUMBIA AVE. MUNSTER, INDIANA 46321			
31. HEALTH OFFICER'S SIGNATURE <i>(Signature)</i>		32. DATE FILED (Month, Day, Year) 12/19/92	

CORONER USE ONLY

33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—(If home, farm, street, factory, office building, etc. (Specify))		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PROHONDED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If so, specify driver, passenger, pedestrian, etc.		