

TX# 45-11-33-101-023.000-025
45-11-33-101-024.000-025

NOT AN OFFICIAL DOCUMENT

General Power of Attorney

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I, **RAYMOND L. GALLAS**, of the Town of St. John, County of Lake, State of Indiana, hereby appoint **LAWRENCE P. GALLAS**, of 2505 East 112th Lane, Crown Point, County of Lake, State of Indiana, as my Attorney-in-Fact.

This Power of Attorney shall become effective upon the execution hereof. It shall not be terminated by my incapacity. I hereby nominate the person who is serving as my Attorney-in-Fact as my guardian in the event that it is necessary to appoint a guardian for me. My Attorney-in-Fact shall have the power:

1. To take all action with respect to my property and affairs as I could take as fully and with the same effect as if I were competent and acting on my own behalf subject only to the limitations herein contained.
2. To acquire, own, manage, sell and otherwise deal with real property and to have general authority with respect to real property transactions as provided in I.C. 30-5-5-2.
3. To acquire, own, manage, sell and otherwise deal with tangible personal property and to have general authority with respect to tangible personal property transactions as provided in I.C. 30-5-5-3.
4. To acquire, own, vote, participate in reorganizations, pledge, sell and otherwise deal with securities and to have general authority with respect to bond, share and commodity transactions as provided in I.C. 30-5-5-4.
5. To maintain bank accounts, to sign checks and notes and to enter my safe deposit box and control the contents thereof and to have general authority with respect to banking transactions as provided in I.C. 30-5-5-5.
6. To manage, sell and otherwise deal with any proprietorship or partnership in which I have an interest and to have general authority with respect to business operating transactions as provided in I.C. 30-5-5-6.
7. To acquire, pay premiums, borrow or otherwise deal with insurance and to have general authority with respect to insurance transactions as provided in I.C. 30-5-5-7 without the limitations contained in I.C. 30-5-5-0 except as modified in paragraph 9 hereof.
8. To exercise all of the rights that I may have as a beneficiary with respect to an estate, trust or other fund and to have general authority with respect to beneficiary transactions as provided in I.C. 30-5-5-8.
9. To take such action as is reasonable or necessary to wind up any matters in which I am acting as fiduciary in the event of my death or incapacity.
10. To exercise all of my legal rights with respect to any matter in which I may have legal rights or legal obligations and to have general authority with respect to claims and litigation Page 1 of 2 as provided in I.C. 30-5-5-11.
11. To provide for the care, support, and education of members of my family and to have general authority with respect to family maintenance as provided in I.C. 30-5-5-12.

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
2023-014935
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FILE NO 2326287

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12. To exercise my military service benefit rights, if any, and to have general authority with respect to benefits from military service as provided in I.C. 30-5-5-13.

13. To maintain records of my property and affairs, to file tax returns on my behalf, to have access to my confidential tax records and to have full power and authority with respect to records, reports, and statements as provided in I.C. 30-5-5-14.

14. In the event I become mentally incapacitated, to exercise all powers with respect to estates and trusts that I can exercise including the power to disclaim interests that I would otherwise be entitled to receive and to have general authority with respect to estate transactions as provided in I.C. 30-5-5-15 with the additional power to create and fund trusts for the benefit of members of my family so long as the trust interests so created: (a) are not adverse to my best interests; and (b) are made for the benefit of my spouse and/or my descendants per stirpes.

15. To make any decisions regarding medical treatment, including the authority to terminate life prolonging procedures in accordance with my wishes as set forth in my Living Will Declaration, a copy of which has been provided to my Attorney-in-Fact.

This General Power of Attorney (GPA) shall remain in effect until my death or earlier delivery of a written revocation of this GPA to the person serving as my Attorney-in-Fact hereunder and, if this GPA is recorded such revocation shall reference the recorded GPA and shall be recorded in each county where this GPA has been recorded.

The references herein to sections of the Indiana Power of Attorney Act, I.C. 30-5-5, shall be deemed to be references to the comparable provisions of any amended or successor statute if such Act is amended or replaced.

Dated this 30th day of March, 2011.

Signature: Raymond L. Gallas
RAYMOND L. GALLAS
Address: 6473 Joliet Street
St. John, IN 46373
Social Security No. xxx-xx-4529

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

BEFORE me, the undersigned, a Notary Public, in and for said County and State, this 30th day of March, 2011, personally appeared: Raymond L. Gallas and acknowledged the execution of the above and foregoing General Power of Attorney. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Debra L. Volk
Debra L. Volk Notary Public
Resident of Porter County, Indiana

My Commission Expires: 06/29/2017

THIS INSTRUMENT PREPARED BY: STEVEN A. KUROWSKI, Indiana Attorney No. 5374-45, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375. (219)322-4100.

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I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this Document unless required by law.



A handwritten signature in cursive script, reading "Melissa Coduti", positioned above a horizontal line.

Melissa Coduti

Property of Lake County Recorder