

DURABLE POWER OF ATTORNEY
of
THOMAS KOPANDA

b

2005 000830

ARTICLE I - DESIGNATION OF AGENT

I, **Thomas Kopanda**, currently of Lake County, State of Indiana, being an adult and mentally competent do hereby designate and appoint **Terri L. Kopanda** currently of Lake County, State of Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, and personal decisions for me in my name, place and stead as authorized in this document. In the event that **Terri L. Kopanda** cannot or will not serve or continue to serve as my Attorney-in-Fact, then I designate and appoint **Melinda S. Rosaschi** as my Attorney-in-Fact with all the powers and authority as specified in this document.

ARTICLE II - REVOCATION OF PRIOR POWERS

I hereby revoke all powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any, excepting the Appointment of a Health Care Representative which is being executed contemporaneously with this document.

ARTICLE III - GENERAL ASSET AND FINANCIAL POWERS

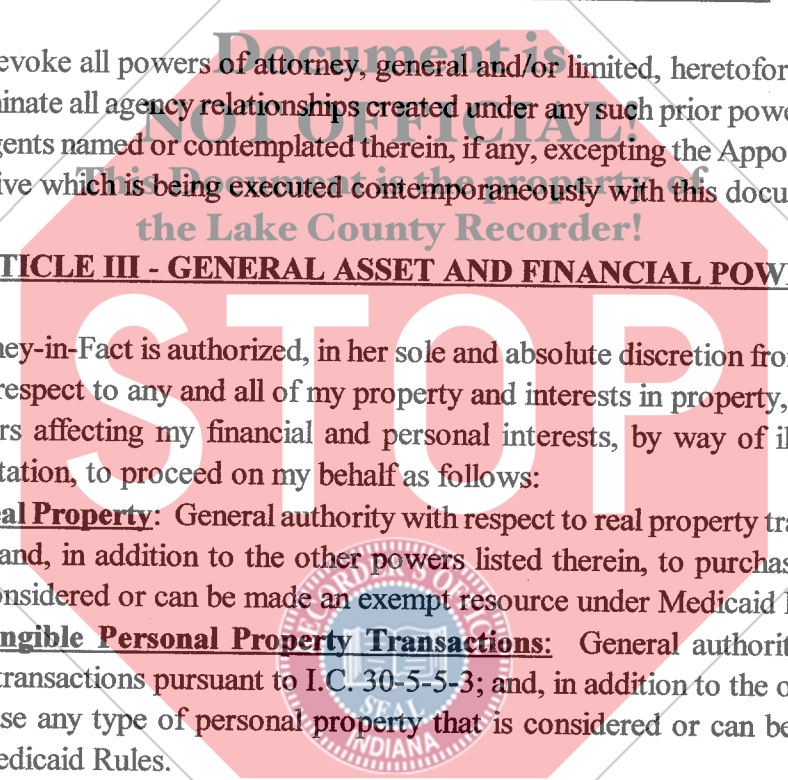
My Attorney-in-Fact is authorized, in her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as follows:

A. **Real Property**: General authority with respect to real property transaction pursuant to I.C. 30-5-5-2; and, in addition to the other powers listed therein, to purchase any type of real property that is considered or can be made an exempt resource under Medicaid Rules.

B. **Tangible Personal Property Transactions**: General authority with respect to tangible personal transactions pursuant to I.C. 30-5-5-3; and, in addition to the other powers listed therein, to purchase any type of personal property that is considered or can be made an exempt resource under Medicaid Rules.

C. **Bond, Share and Commodity Transactions**: General authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4. This authority shall include the power to purchase and sell bonds and commodities, including U.S. Government bonds, and to purchase any other type of property that can be made an exempt or unavailable resource under Medicaid rules.

STATE OF INDIANA
LAKE COUNTY
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D. **Banking Transactions:** General authority with respect to banking transactions pursuant I.C. 30-5-5-5.

E. **Business Operating Transactions:** General authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.

F. **Insurance Transactions:** General authority with respect to insurance transactions pursuant I.C. 30-5-5-7, including the right to change beneficiaries or ownership, and to exercise any rights to which I may be entitled, on any policy that I own, and to apply for and otherwise deal with Medicare and Medicaid benefits.

G. **Beneficiary Transactions:** General authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8.

H. **Gift Transactions:** General authority with respect to gift transactions pursuant to I.C. 30-5-5-9, including the power to make gifts of my property, in trust or otherwise, to my attorney-in-fact or others, without limitation as to amounts, in excess of or less than the amount excluded from gifts under Section 2503(b) of the Internal Revenue Code of 1986, as amended, or any successor thereto and without regard to the specific restrictions on aggregate annual value for gifts to individuals that are set forth in I.C. 30-5-5-9, and to engage the services of attorneys and others for the purpose of doing Medicaid eligibility planning which includes making transfers that allow my assets and/or income to be distributed to those individuals who would otherwise benefit from my estate, including my attorney-in-fact.

I. **Fiduciary Transactions:** General authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.

J. **Claims and Litigation:** General authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.

K. **Family Maintenance:** General authority with respect to family maintenance pursuant to I.C. 30-5-5-12.

L. **Benefits from Military Service:** General authority with respect to benefits from military service pursuant to I.C. 30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Veterans Administration.

M. **Records, Reports, and Statements:** General authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14; including the power to sign state and federal income tax returns on my behalf, including Forms 1040, 709, 843, IT-40 and any other tax form for years 1995 through 2020, and the power to execute on my behalf Form 2848 any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

N. **Estate Transactions:** General authority with respect to estate transactions pursuant I.C. 30-5-5-15, including the power to create, modify, amend and revoke revocable and/or irrevocable trust for me and/or with me as grantor.

O. **Delegating Authority to Others:** General authority with respect to delegating authority to others pursuant to I.C. 30-5-5-18.

P. **All Other Matters:** general authority with respect to all other matters pursuant to I.C. 30-5-5-19

ARTICLE IV - PROVISION APPLICABLE TO ARTICLE III

With respect to Article III (general asset and financial powers), it is to be understood that the authority I have conferred on my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

FURTHERMORE, THIS POWER OF ATTORNEY AND THE AUTHORITY I HAVE CONFERRED AND SPECIFIED UNDER ARTICLE III ABOVE REMAIN EFFECTIVE IN THE EVENT THAT I BECOME DISABLED OR LEGALLY INCAPACITATED TO ACT ON MY OWN BEHALF.

ARTICLE V - THIRD PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact, shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

ARTICLE VI - NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, hereinabove designated and appointed, to be my guardian.

ARTICLE VII - MISCELLANEOUS PROVISIONS

- A. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.
- B. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.
- C. My Attorney-in-Fact, including heirs, legatees, successors, assigns, personal representatives and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability, (including civil, criminal, administrative or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives or estate, arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

D. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as any original.

E. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

F. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

G. My Attorney-In-fact shall keep a record of all transactions made on my behalf under this Power of Attorney. The accounting shall be made available to the Executor(trix) of my estate at the time of my death. No other accounting, unless requested by me or ordered by a court, is required.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 17th day of JUNE, 2004.

Thomas Kopanda
Thomas Kopanda

STATE OF INDIANA)
COUNTY OF LAKE)

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This Document is the property of
the Lake County Recorder!

SS: Before me, the undersigned, a Notary Public, in and for said County and State, this 17th day of June, 2004, personally appeared **Thomas Kopanda**, and acknowledged the execution of the foregoing Durable Power of Attorney. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Joellen Pilipow
Signature of Notary Public
Joellen Pilipow
Printed name of Notary Public

My Commission Expires: 2/27/08

County of Residence: **Lake**

This instrument prepared by:
ROBERT L. TAYLOR
BRECLAW, HARRIS & TAYLOR, P.C.
200 West Glen Park Avenue
Griffith, Indiana 46319
(219) 972-6000
Attorney - in - Fact's Report

STATE OF INDIANA)
) SS:
COUNTY OF _____)

The undersigned, who is named as the Attorney in Fact in a Durable Power of Attorney executed by **Thomas Kopanda** on _____ [date POA signed], upon his/her oath and under the penalties for perjury does now say and allege as follows concerning **Thomas Kopanda**:

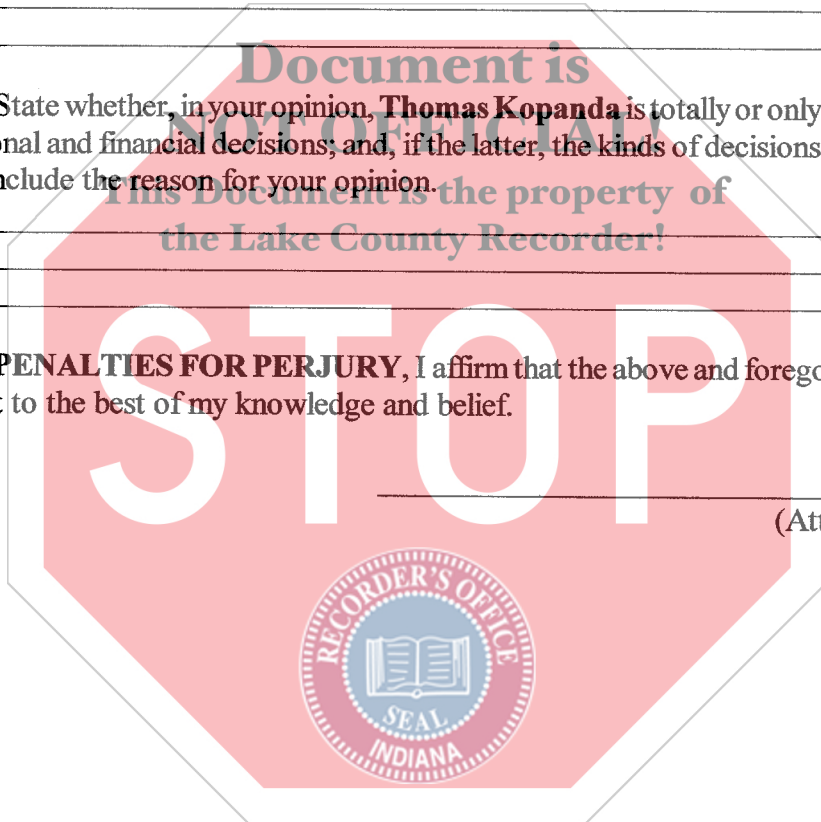
1. Describe the nature and type of **Thomas Kopanda**'s disability:

2. Describe **Thomas Kopanda**'s mental and physical condition:

3. State whether, in your opinion, **Thomas Kopanda** is totally or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which she can and cannot make. Include the reason for your opinion.

UNDER THE PENALTIES FOR PERJURY, I affirm that the above and foregoing statements are true and correct to the best of my knowledge and belief.

(Attorney in Fact)



Physician's Report

STATE OF INDIANA)
) SS:
COUNTY OF _____)

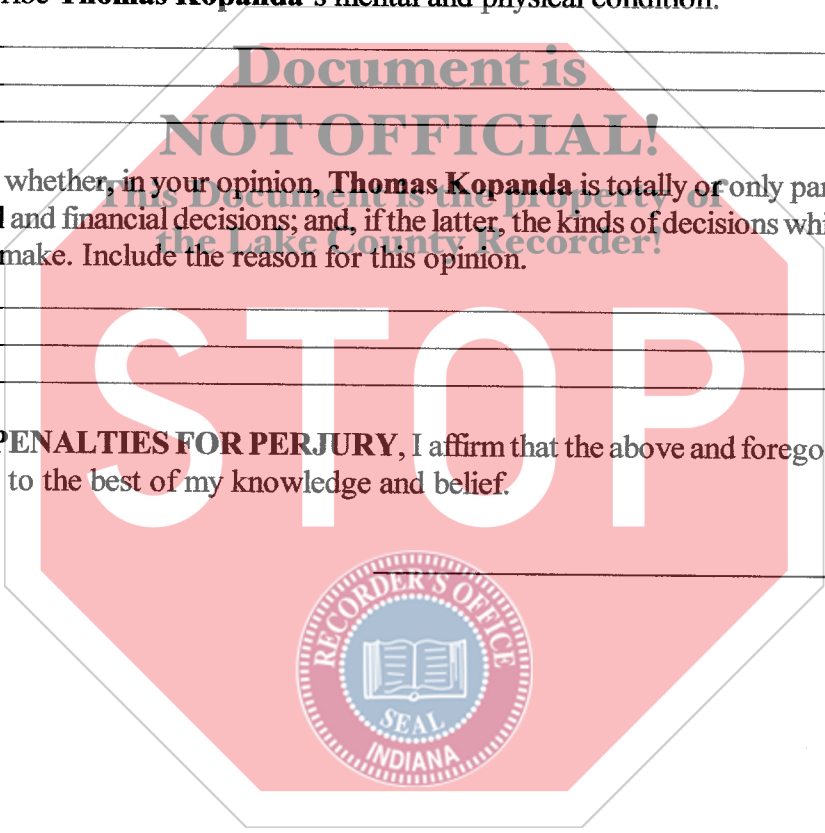
The undersigned, a physician licensed to practice medicine in all its branches in the State of Indiana, submits the following report on **Thomas Kopanda**, an alleged incapacitated person, based on an examination of Client on _____ [date].

1. Describe the nature and type of **Thomas Kopanda's** disability:

2. Describe **Thomas Kopanda's** mental and physical condition:

3. State whether, in your opinion, **Thomas Kopanda** is totally or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which the respondent can and cannot make. Include the reason for this opinion.

UNDER THE PENALTIES FOR PERJURY, I affirm that the above and foregoing statements are true and correct to the best of my knowledge and belief.



(Physician)