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DURABLE GENERAL  
POWER OF ATTORNEY

FINANCIAL AND HEALTH CARE

FOR

2007 04 10 22

GRANTOR:

Cecilia Marie Addison  
(print Grantor's full legal name)

I. GRANT OF AUTHORITY

I, the Grantor named above, of the County of Lake, State of Indiana, do hereby designate the following person:

Michael P. Addison  
currently a resident of Porter County, State of Indiana

as my true and lawful attorney in fact, or agent, and confer upon said attorney in fact the powers under Indiana law, to perform the following acts :

1. Receive confidential information; to prepare, sign and file all necessary and relevant tax returns on behalf of the designator of this durable general power of attorney for any then deemed relevant tax year; and to at any time perform any and all other acts before the taxing authorities of any jurisdiction, including specifically the execution of Internal Revenue Forms 2848 and 8821, the like form of the Indiana Department of Revenue and such other authorization forms as may be necessary to carry out the purpose of this delegation of authority;
2. Represent me in real property transactions;
3. Represent me in tangible personal property transactions;

4. Represent me in bond, stock, and commodity transactions, excluding any authority to purchase puts, calls, or commodities or to purchase any security on margin. This authority shall include the power to purchase United States Government obligations that are redeemable at par value in payment of estate taxes imposed by the United States Government;
5. Represent me in banking transactions, including access to safety deposit boxes;
6. Represent me in business operating transactions;
7. Represent me in insurance transactions, excluding the right to change the beneficiary of any policy insuring my life;
8. Represent me in beneficiary transactions;
9. Represent me in gift transactions; however, this authority shall exclude the power to make gifts to any person other than my spouse in excess of the excluded from gifts under section 2503(b) of the Internal Revenue Code of 1986, as amended, or any successor thereto. My attorney in fact shall not be authorized to make gifts to charities except in satisfaction of a written pledge made me. My attorney in fact shall not be authorized to make gifts to a person not a descendent of mine, or beneficiary under my Last Will and Testament, or the spouse of such descendent or beneficiary;
10. Represent me in fiduciary transactions;
11. Represent me with respect to claims and litigation;
12. Represent me with respect to family maintenance;
13. Represent me with respect to benefits from military service;
14. Represent me with respect to records, reports, and statements;
15. Represent me with respect to estate transactions;

16. HEALTH CARE: Represent me with respect to health care, including the withholding or withdrawal of health care in accordance with Indiana law. I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative, may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available;

Further, I authorize my attorney-in-fact to pledge any of my organs or tissue, to extent determined reasonable;

17. Delegate in writing all or any of the authority granted herein; and
18. Have general authority with respect to all other matters, to perform any and all acts and execute any and all documents not herein excluded the same as I might do were I then present and competent.
19. I hereby ratify and confirm all that my said attorney in fact and/or agent does by virtue hereof.

## II. REVOCATION

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed a written revocation thereof; further, that if this Power of Attorney has been recorded in the county of my domicile, the revocation shall be similarly filed.

III. CONSERVATOR/GUARDIAN

Should it become necessary that protective proceedings be commenced, or that a conservator, guardian of my estate, or guardian of my person be appointed, I hereby nominate my attorney in fact to act in said capacity.

IV. INCAPACITY

This Power of Attorney shall become effective

(initial one choice)

CMA immediately upon signature being provided below; or

\_\_\_\_\_ upon my incapacity or incompetence as set forth in writing by my attending physician as to any appointed attorney in fact.

Further, the effectiveness of this document shall not be affected by my later legal incompetence, if any.

V. EXPENSES **This Document is the property of the Lake County Recorder!**

My attorney in fact may be reimbursed for expenses but shall not be entitled to a fee for services provided.

VI. SUCCESSOR

In the event that the above referred entity cannot and/or will not accept the aforementioned duties as my true and lawful attorney in fact, I hereby designate

Elwood G. Addison

currently a resident of Lake County, State of Indiana

as my true and lawful successor attorney in fact, or agent, and confer upon said successor attorney in fact said duties and responsibilities as previously expressed within this document consistent with Indiana law.

VII. COPIES EFFECTIVE

Copies of this document, as presented by my attorney-in-fact, shall be considered effective as the original; however, the entity receiving a copy may request a separate statement from my attorney in fact that to the best of his/her knowledge this document has not been superceded or otherwise revoked, and therefore it remains in effect.

IN WITNESS WHEREOF, I have hereunto set my hand and seal through signature below:

Cecilia Marie Addison  
(sign) addison 5-6-07  
(date) 6-7  
Cecilia Marie Addison  
(print)

\*\*\*\*\*  
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC:

For: Cecilia Marie Addison  
Document is the property of  
the Lake County Recorder!

On this 8 day of May, 2007, before me, the undersigned, a Notary Public in and for the State of Indiana, appeared before me the above-named person, personally known to me or proved on the basis of satisfactory evidence to be the person whose name is subscribed within instrument, document, or pleading and acknowledged to me that said party executed the same in their authorized capacity, and that by their signature subscribed within said instrument, document, or pleading, the person, or entity upon behalf of which the aforementioned party acted, knowingly and voluntarily executed the instrument.

WITNESS my hand and official seal.

Patricia Ann Personett Patricia Ann Personett  
(sign) (print)  
Notary Public

State of IN, County of Lake

My commission expires on \_\_\_\_\_ [seal]

PATRICIA ANN PERSONETT  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
COMMISSION EXP. OCT. 25, 2009

"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."  
PREPARED BY: Michael R. Addison