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**DURABLE POWER OF ATTORNEY OF
LEOLA CLAUDINE MAYO**

2009 061026

By this Power of Attorney, I name an attorney-in-fact with power to act on my behalf. References are made herein to the Indiana Code 30-5, as it exists now and is amended in the future.

1. **ATTORNEY-IN-FACT.** Effective immediately, as my attorney-in-fact, I name my daughter, Willie M Pearson.

2. **SUCCESSORS.** If my daughter is unwilling or unable to so serve, and if my physician certifies in writing that I am no longer competent to care for myself and manage my finances and if such written certification is attached to or presented with this Power of Attorney, then as my successor co-attorneys-in-fact, I name Patrica A Mayo, acting jointly. If either of them is unwilling or unable to so serve, then Eric L Mayo is my alternate co- attorney-in-fact.

3. **POWERS.** I give to my attorney-in-fact or successor attorneys-in-fact the powers specified in this section to be used on my behalf, provided that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, and which would cause that property to be taxed as owned by the attorney-in-fact.

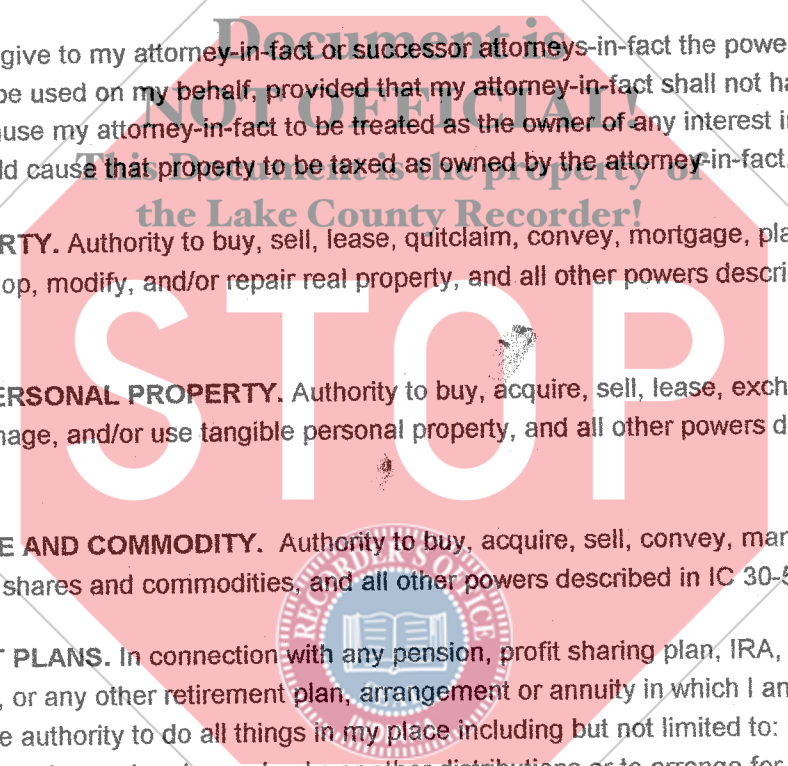
REAL PROPERTY. Authority to buy, sell, lease, quitclaim, convey, mortgage, plat, partition, manage, develop, modify, and/or repair real property, and all other powers described in IC 30-5-5-2.

TANGIBLE PERSONAL PROPERTY. Authority to buy, acquire, sell, lease, exchange, convey, mortgage, manage, and/or use tangible personal property, and all other powers described in IC 30-5-5-3.

BOND, SHARE AND COMMODITY. Authority to buy, acquire, sell, convey, manage, and/or pledge bonds, shares and commodities, and all other powers described in IC 30-5-5-4.

RETIREMENT PLANS. In connection with any pension, profit sharing plan, IRA, Roth IRA, 401(k), 403(b), or any other retirement plan, arrangement or annuity in which I am a participant or beneficiary, the authority to do all things in my place including but not limited to: make contributions, receive and endorse checks or other distributions or to arrange for direct deposit, elect a form of payment of benefits, waive or consent to any election or option, to designate or change designation one or more beneficiaries or contingent beneficiaries; provided however, the attorney-in-fact shall not have the power to designate himself or herself as beneficiary to receive a greater share or proportion of any such benefits that he/she would have otherwise received

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 SEP 03 PM 4:19
MICHAEL J. BROWN
RECORDER



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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unless such change is consented to by all other beneficiaries who would have received the benefits but for the proposed change.

BANKING. Authority to open, modify or terminate an account, to make and sign checks, access safe deposit box, borrow money, and all other powers described in IC 30-5-5-5.

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BUSINESS. Authority to perform any duty, right, power or privilege under a partnership agreement, as a stock or bond holder, or as a business owner, and all other powers described in IC 30-5-5-6.

INSURANCE. Authority to procure, continue, modify or terminate a contract of life, accident, health, disability or other insurance, to pay premiums, to borrow against cash values, and all other powers described in IC 30-5-5-7.

BENEFICIARY. Authority to represent and act for me in all matters affecting a trust, probate, estate, guardianship, or other fund out of which I am entitled to some share or payment, or of which I am a beneficiary, and all other powers described in IC 30-5-5-8.

GIFTS. Authority to make gifts to any organization(s) and/or family members (my daughter and my descendants), and all other powers described in IC 30-5-5-9.

CLAIMS AND LITIGATION. Authority to initiate or defend a lawsuit or claim, and all other powers described in IC 30-5-5-11.

FAMILY MAINTENANCE. Authority to perform acts necessary to maintain my mother in my mother's customary standard of living, with respect to shelter, food, clothing, health care, transportation, education and incidentals, and all other powers described in IC 30-5-5-12.

MILITARY SERVICE. Authority to do all things with respect to benefits from military service described in IC 30-5-5-13.

RECORDS, REPORTS AND STATEMENTS. Authority to: apply for Medicaid, Medicare, or other public health or retirement benefits to which I may be entitled, and to execute all documents as may be necessary therefor; and to keep and maintain records receipts and disbursements, credits and debits, to prepare, sign and file tax returns and other government documents; and all other powers described in IC 30-5-5-14.

ESTATES. Unless the trust or other document prohibits the attorney-in-fact to act on my behalf, I give authority to accept or reject a legacy or other property interest, to exercise power over a trust or estate, and all other powers described in IC 30-5-5-15.

HEALTH CARE. Authority to contract with health care providers, consent to or refuse health care, have access to medical and other records, request an autopsy, make anatomical gifts, and all other powers described in IC 30-5-5-16.

4. HEALTH CARE REPRESENTATIVE APPOINTMENT WITH POWER TO STOP HEALTH CARE. In addition to the general authority to consent to or refuse health care, I make the following specific authorization:

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STOP HEALTH CARE. I authorize my attorney-in-fact 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 attorney-in-fact 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 attorney-in-fact 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.

CONSULTATION. My attorney-in-fact must try to discuss this decision with me. However, if I am unable to communicate, my attorney-in-fact 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 attorney-in-fact may also discuss this decision with my family and others, to the extent they are available.

5. PRIOR GENERAL POWERS OF ATTORNEY REVOKED. All general powers of attorney executed by me prior to the date of this power of attorney are revoked.

6. GUARDIAN. If protective proceedings are instituted on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.

7. TERMINATION ON REVOCATION OR DEATH. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

8. ACCOUNTING. Excepting my self, my attorney-in-fact shall keep receipts and records of all transactions on my behalf in the event an accounting is ever requested or required by law.

Date: 9-20-06 Name Signed: Leola Mayo

Leola C. Mayo

3746 West 20th Place

Gary, Indiana 46404

STATE OF INDIANA)

COUNTY OF LAKE) SS:

Before me, a Notary Public, in and for said County and State, this 20th day of September, 2006 personally appeared Leola C Mayo, and acknowledged the execution of the foregoing instrument to be his/her free and voluntary act.

Denise H. Montgomery
Notary Public

Printed: Denise H. Montgomery County of Lake
Residence: Indiana

My Commission expires: NOV 30, 2008

(seal)

Prepared By:

Attorney Carl Jones

Carl Jones
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STOP
"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: Willie Pearson

