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MICHELLE L. HANCOCK
RECORDER

*General
Power of Attorney
of
Joanne Reese*

BY THIS POWER OF ATTORNEY, I name an attorney-in-fact with power to act on my behalf pursuant to IC 30-5, as it exists now and is amended in the future.

- I. **JOINT ATTORNEY-IN-FACT.** As my joint attorneys-in-fact, I name my daughter Brenda McDaniel, whose address is 300 W 41st Avenue, Gary, Lake County, Indiana 46408 and my daughter Joyce Reese, whose address is 828 Polk Street, Gary, Lake County, Indiana 46402.
- II. **LIABILITY LIMITED.** My attorneys-in-fact shall only be liable for actions undertaken in bad faith.
- III. **FEE AND EXPENSES.** My attorneys-in-fact shall not be entitled to a fee for services provided as my attorneys-in-fact, however, he/she may be reimbursed for expenses.
- VI. **INCAPACITY.** The Power of Attorney shall not be affected by my incompetence.
- V. **EFFECTIVE UPON EXECUTION.** This Power of Attorney shall be effective upon execution.
- VI. **POWERS.** I give to my attorney-in-fact the powers specified in this section to be

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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.

- (a) **REAL PROPERTY.** Authority with respect to real property transactions pursuant to IC 30-5-5-2.
 - (b) **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property to IC 30-5-5-3.
 - (c) **BANKING.** Authority with respect to banking transactions pursuant to IC 30-5-5-5.
 - (d) **BUSINESS.** Authority with respect to business operating transactions pursuant to IC 30-5-5-6.
 - (e) **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to IC 30-5-5-10.
 - (f) **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to IC 30-5-5-11.
 - (g) **RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports and statements pursuant to IC 30-5-5-14, including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.
- VII. **DELEGATE.** Authority with respect to delegating authority pursuant to IC 30-5-5-18.
- (p) **ALL OTHER MATTERS.** Authority with respect to all other matters pursuant to IC 30-5-5-19.

I hereby ratify and confirm all that my said attorney-in-fact or agent shall due by virtue hereof.

- VIII **TERMINATION ON DEATH.** Without regard to my mental or physical condition, this Power of Attorney shall continue in effect until revoked or until my death

**AUTHORIZATION FOR RELEASE OF
MEDICAL INFORMATION:
HEALTHCARE INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996 (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320(d) and 45 CFR 160-164, sets forth specific requirements under certain circumstances for the use and disclosure of my individually identifiable health information and other medical records. I give my attorney-in-fact the following person(s): Brenda McDaniel or Joyce Reese the authority to be treated as I would be treated with respect to my rights regarding the used and disclosure of my individually identifiable health information and other medical records under HIPAA.

This authority includes access to past, present or future records including all information relating to the diagnosis and treatment of any illnesses. The authority of my attorney-in-fact/the person(s) whose name appears above supercedes any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given to my attorney-in-fact/the person(s) whose name appears above has no expiration date and shall expire only in the event that I revoke this authority in writing and deliver it to my health care provider.

If this power of attorney/authority is conditioned upon a health care provider familiar with my condition stating in writing that I am unable to manage by affairs, I give authority to my nominated attorney-in-fact/to the person whose name appears above to obtain that written information and authorize my health care provider to provide that information.

This Document is the property of
the Lake County Recorder

Joanne Reese

Joanne Reese

STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

The undersigned, a Notary Public in and for the above county and state, residing in _____ County, Indiana, certifies and witnesses that the above-signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

Date:

My Commission Expires: 6/30/2017
Resident of Lake County

Renee Long
_____, Notary Public