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MICHAEL J. SUDAN
RECORDER

**DURABLE GENERAL POWER OF ATTORNEY AND
APPOINTMENT OF HEALTH CARE REPRESENTATIVE**

I, JOAN C. HAMILTON, SS# [REDACTED] of Lake County, State of Indiana, do hereby designate and appoint BRUCE W. HAMILTON, SS# [REDACTED], as my true and lawful attorney-in-fact, and as my authorized agent, for the purpose of doing and performing for me and in my name and to have the following powers as set forth hereafter:

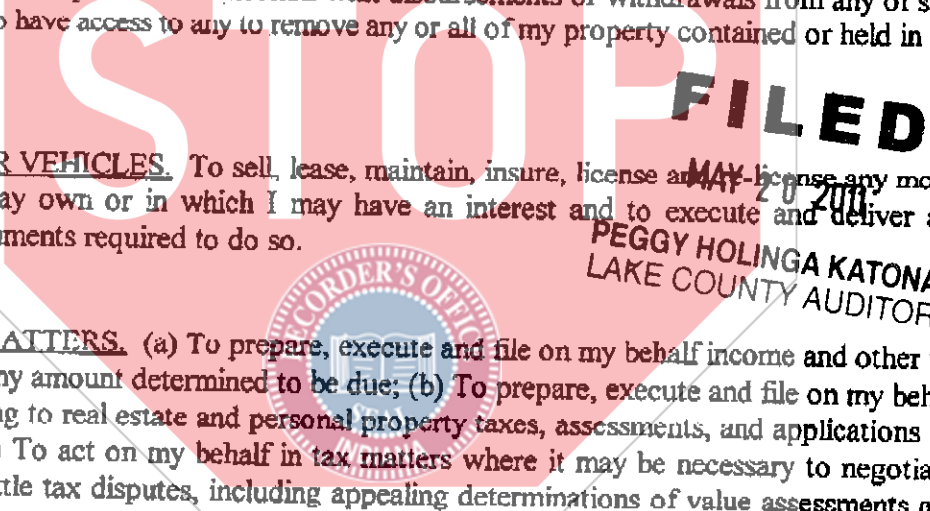
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(1) **BANKING AND FINANCIAL TRANSACTIONS.** (a) To open accounts, in my name or on my behalf, in any bank or trust company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidence of indebtedness payable to or belonging to me, including but not being limited to checks or drafts issued by the Treasurer of the United States or any other official of any State, or any other official, bureau, department or agency of any State, municipality or other governmental body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) To make such endorsements and to sign such documents into any of such accounts; (c) To sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursements or withdrawals from any of such accounts; and (d) To have access to any to remove any or all of my property contained or held in any safety deposit box.

(2) **MOTOR VEHICLES.** To sell, lease, maintain, insure, license and ~~license~~ any motor vehicle which I may own or in which I may have an interest and to execute and deliver any instruments or documents required to do so.

(3) **TAX MATTERS.** (a) To prepare, execute and file on my behalf income and other tax returns and to pay any amount determined to be due; (b) To prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) To act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.

(4) **CONDUCT OF BUSINESS.** (a) To manage my property and to conduct my business affairs, including but not limited to leasing, managing and maintaining any real or personal property which I may own; (b) To recover, obtain and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in which I may have an interest; and (c) to pay, discharge or compromise any of my debts or other obligations.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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(5) SECURITIES TRANSACTIONS. (a) To purchase or otherwise acquire and to sell or otherwise dispose of securities, including but not limited to stocks, bonds, notes and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact my determine to be appropriate in his sole discretion; (b) To vote any such securities in my name, in person or by proxy; and (c) to receive dividends and other distributions on such securities.

(6) REAL ESTATE TRANSACTIONS. To sell, mortgage, convey, lease and execute deeds and other instruments of conveyance, including but no limited to the execution of any documents conveying property into or out of trust and otherwise exercising on my behalf any power of direction which I may have over any trust or trustee, affecting any interest in real estate, wherever located, of which I may be owner or have an interest, now or hereafter.

(7) HEALTH CARE POWERS. Also, to serve as my health care representative in the event of my incapability of consenting, as authorized by Indiana Code 16-8-12, and, to this end, and acting in my best interests: (A) Select, engage, and discharge health care providers and facilities. (B) Authorize relief from pain. (C) Grant releases to health care providers and facilities. (D) Give, withdraw, or withhold consent to health care. Provision of nutritional support and hydration intravenously or by means of tubes I do not consider to appropriate if its main effect is to postpone my dying, rather than to increase my comfort or my enjoyment of life, and I authorize my health care representative to direct that it be withheld or withdrawn. (E) Delegate all or a part of this authority to any eligible individual who has not been disqualified as provided in Indiana code 16-8-12. My appointment of a health care representative is not to be considered a contradiction of a living will I may execute, whether simultaneously, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life-prolonging procedures shall take precedence.

Consistent with Indiana Code section 30-5-5-17, 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 upon 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 car representative may also discuss this decision with my family and others, to the extent they are available.

(8) ALTERNATE ATTORNEY-IN-FACT. In the event of the death, disappearance, disability, incapacity, or resignation of my primary attorney-in-fact, the appointment of the agent named below as my alternate attorney-in-fact shall become absolute the same as if I had appointed the same as my primary attorney-in-fact.

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attorney-in-fact had not been appointed. The disappearance of my primary attorney-in-fact may be established by the affidavit of the agent named below. The disability or incapacity of my primary attorney-in-fact may be established by the certificate of a qualified physician stating that the primary attorney-in-fact is unable to manage his own affairs. Any person dealing with my alternate attorney-in-fact shall be fully protected and free from liability for any payment, application, or accumulation made or other action taken in reliance upon (a) such an affidavit of disappearance, (b) such a certificate of disability or incapacity, or (c) reasonable written evidence of death or resignation. The authority of my alternate attorney-in-fact shall continue and be exclusive even if the first named attorney-in-fact shall reappear after a disappearance or recover after a disability or incapacity. In the alternative, and upon any of the conditions expressed above, I appoint the following person my alternate attorney-in-fact, to-wit: MARK HAMILTON, SS# [REDACTED]

This instrument is intended to be construed and interpreted as a General Power of Attorney; therefore, the enumeration of specific items, rights, acts or powers herein is not intended to, nor shall it be interpreted as limiting or restricting the general powers to act on my behalf coextensively with my attorney-in-fact.

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact full power and authority to do for me and in my name those things which such attorney-in-fact deems expedient and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my behalf coextensively with my attorney-in-fact.

I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof, and any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

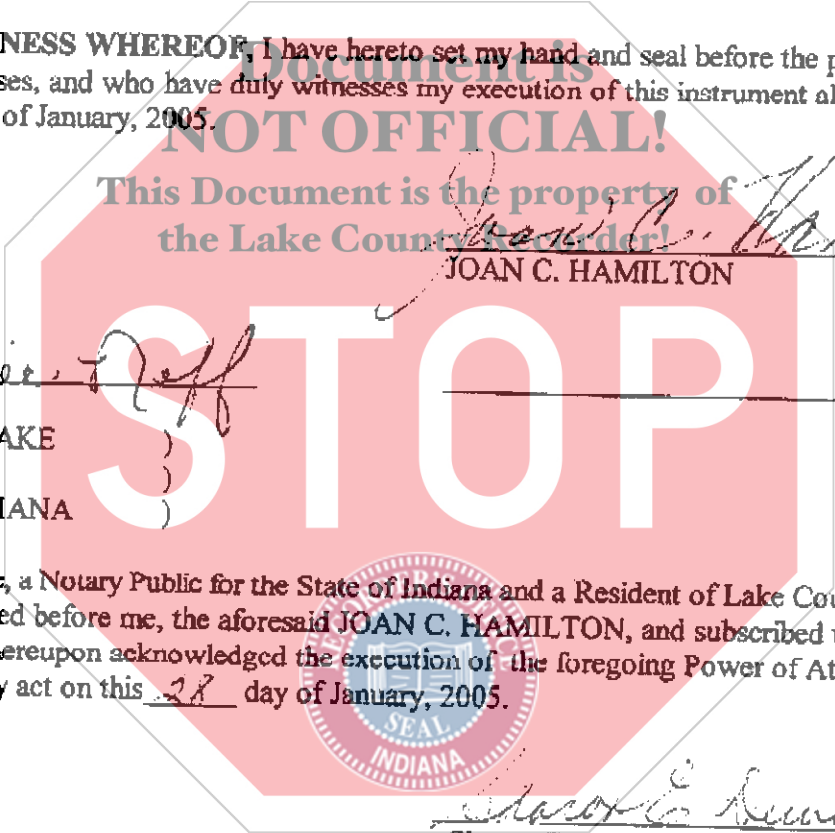
I hereby reserve the right to revoke this Power of Attorney; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of the County of my residence or of my attorney-in-fact a written revocation hereof, or until my personal representative have delivered to such persons relying upon this Power of Attorney notice of revocation hereof whichever shall first occur.

THIS POWER OF ATTORNEY AND THE RIGHTS, POWERS AND AUTHORITY HEREBY GRANTED TO MY ATTORNEY-IN-FACT SHALL BECOME EFFECTIVE UPON MY INCOMPETENCE OR PHYSICAL INCAPACITY TO ACT ON MY OWN BEHALF, AND SUCH INCOMPETENCE OR PHYSICAL INCAPACITY SHALL NOT AFFECT OR DIMINISH THE RIGHT, POWER AND AUTHORITY OF MY ATTORNEY-IN-FACT TO SO ACT ON MY BEHALF. Any person relying on this instrument for the authority

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of my attorney-in-fact to so act, may likewise rely on the representations of my attorney-in-fact as to the existence of a condition constituting my incompetence or physical incapacity. This Power of Attorney shall not be affected by subsequent disability or incapacity of me as the principal, or by lapse of time. The rights, power and authority of my attorney-in-fact shall remain in full force and effect upon my incompetence or physical incapacity until such time as my incompetence or physical incapacity is removed, or until such time as a legal guardian is appointed over my person or my property. If it becomes necessary for a guardian to be appointed over my person or my property, I hereby nominate and request the Court having jurisdiction to appoint as such guardian my attorney-in-fact, BRUCE W. HAMILTON.

IN WITNESS WHEREOF, I have hereto set my hand and seal before the persons named below as witnesses, and who have duly witnessed my execution of this instrument all occurring on this 28 day of January, 2005.



This Document is the property of
the Lake County Recorder!
JOAN C. HAMILTON

WITNESSES:

D. Eric Neff

COUNTY OF LAKE

STATE OF INDIANA

Before me, a Notary Public for the State of Indiana and a Resident of Lake County, Indiana, personally appeared before me, the aforesaid JOAN C. HAMILTON, and subscribed the foregoing instrument, and thereupon acknowledged the execution of the foregoing Power of Attorney as her free and voluntary act on this 28 day of January, 2005.

Sharon E. Dewell
Sharon E. Dewell; Notary Public

Resident of Lake County, Indiana
My Commission Expires: March 9, 2008

I affirm, under the penalties for perjury,
that I have taken reasonable care to
redact each social security numbers in
this document, unless required by law.

THIS INSTRUMENT PREPARED BY:
D. Eric Neff, Attorney at Law, 270 N. Main Street, Suite A
Crown Point, Indiana 46307

Name [Signature]