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GENERAL DURABLE POWER OF ATTORNEY

OF

MR. PHILIP R. FOWLER, SR.

AND

MRS. SARAH FOWLER

2011 04-7839

COPY

Know All Men by These Present, that We, Mr. Philip R. Fowler,

Sr., SSN: ~~110XXXX9809~~ and Mrs. Sarah Fowler, SSN ~~80418615807~~,

currently residing at the Permanent address of 924 East 15<sup>th</sup> Avenue

Gary, Indiana 46407, have made, constituted and appointed, and by

these present do make, constitute and appoint our beloved daughter,

Jeffella Fowler, 924 East 15<sup>th</sup> Avenue, Gary, Indiana 46407, our

true and lawful Attorney, for me and in my name, place and stead

with FULL AND COMPLETE General authority with respect to all

matters regarding our personal and business affairs, with no

consultation with anyone, to:

1. Transact any and all of our personal business relative to our real property and personal property.

2. Act as if he were alter egos of the principals with respect to all possible matters and affairs affecting property

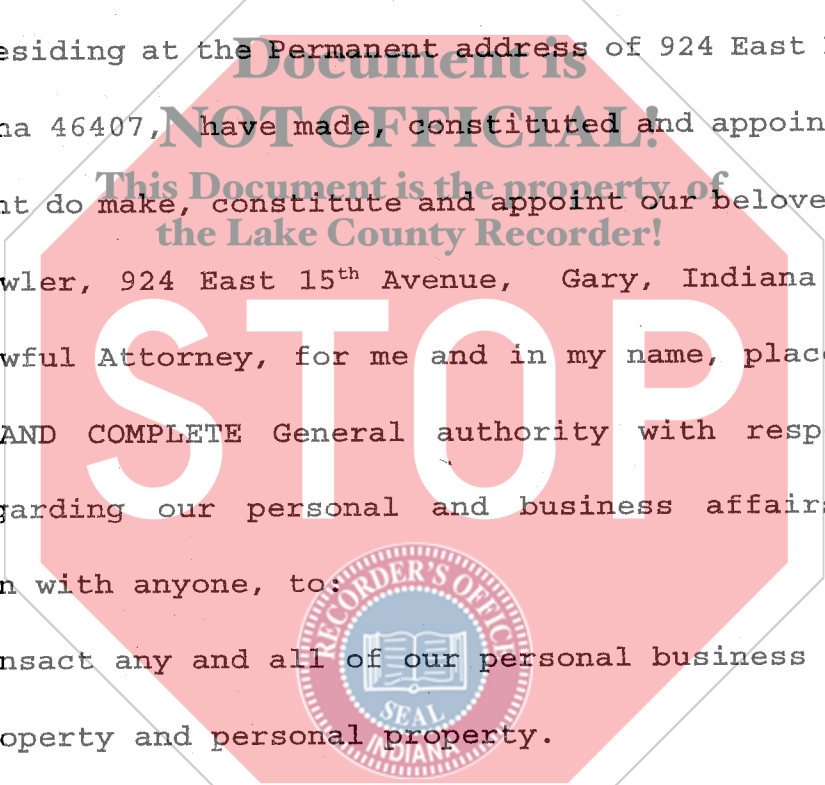
owned by the principals that the principal can perform through an

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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attorney-in-fact.

3. Have authority that extends to ALL situations, regarding our REAL AND PERSONAL properties.

4. Have full and complete authority with matters involving monetary documents and papers denoting benefits to us and/or to our properties.

5. Deposit, withdraw or write checks on particularly, our Savings accounts at all banks, where I have accounts, if any, especially, Chase Bank, any and all branches where ever situated and the Lake County School Employees Federal Credit Union, 3730 Grant Street, Gary, Indiana 46408-2143, and all local branches, if any.

6. To withdraw and deposit money into said account(s) as my my dear and beloved Daughter, Jeffella Fowler deems appropriate and necessary. (However, There could possibly be a Safety Deposit Box at Chase Bank).

7. To withdraw money from our accounts to pay our personal bills that are due and owing and that will become due and owing the same as we could do as principals.

8. My said daughter, Jeffella Fowler has Full and Unlimited power and authority whether I am confined to my home, hospital or other institution.

9. Cash any and all checks from any source, including the Internal Revenue Service, and any all other checks that We are currently receiving and entitled to receive and/or that we may become entitled to receive in the future.

9. Present for payment and demand payment all negotiable instruments for cashing, issued to me as payee (paid to the order of ourselves) and/or where we are also payor (the check and/or draft is made out by us/me or our agent(s) as described above). This again, includes writing checks, depositing and withdrawing money from my/our bank accounts relating to my/our personal and real property. THIS AUTHORITY IS EXTENDED TO MY SAID DAUGHTER WHEN ME/US PHYSICIAN DIAGNOSIS THE PRINCIPALS AS BEING INCAPACITATED MEDICALLY OR OTHERWISE.

DURABLE HEALTHCARE POWER OF ATTORNEY CLAUSE

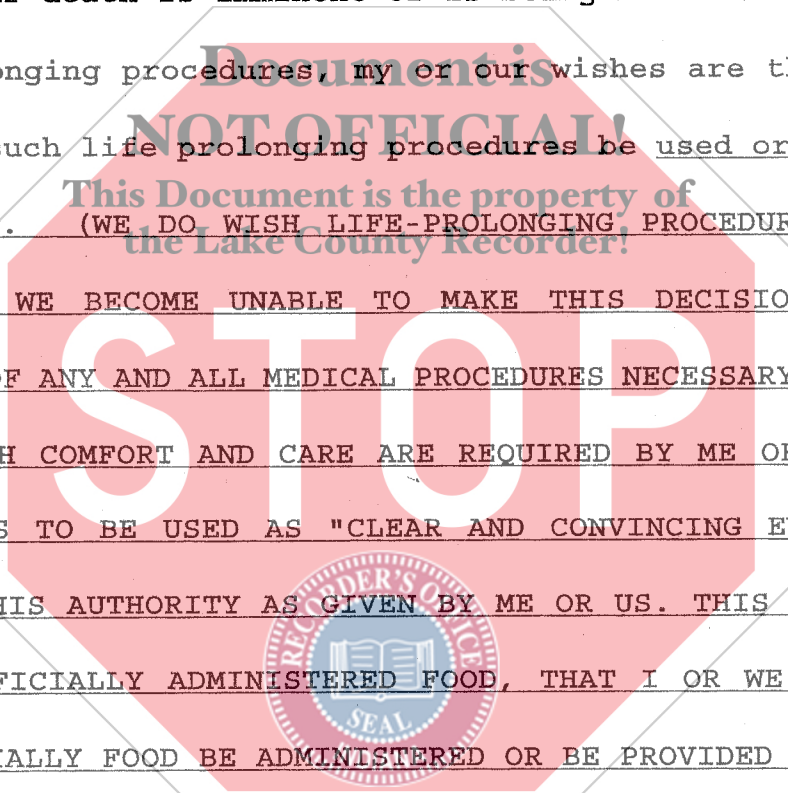
This General Power of Attorney also has a Durable Power of Attorney for Health Care (HCPA) Clause, authorizing my/our beloved DAUGHTER to make all reasonable Medical Decisions on my/our behalf, including making medical treatment decisions to place or not to place me/us in a nursing facility, if there is a need, where I or we are unable to MAKE SUCH DECISIONS ourselves because of an illness or injury that my/or our physicians have recommended the

above.

LIVING WILL CLAUSE

Further, this General Power of Attorney has a LIVING WILL CLAUSE, directing my or our physicians, my daughter, Jeffella Fowler is responsible for my or our health, welfare or affairs, to observe my or our wishes should I or we, at any time, have an incurable disease or injury, certified by at least two (2) competent physicians to be a terminal illness and they determine that my or our death is imminent or is being needlessly prolonged by life-prolonging procedures, my or our wishes are that I or we direct that such life prolonging procedures be used or prolong my or our lives. (WE DO WISH LIFE-PROLONGING PROCEDURES BE USED SHOULD I OR WE BECOME UNABLE TO MAKE THIS DECISION, AND THE PERFORMANCE OF ANY AND ALL MEDICAL PROCEDURES NECESSARY TO PROVIDE ME OR US WITH COMFORT AND CARE ARE REQUIRED BY ME OR US. THIS INSTRUMENT IS TO BE USED AS "CLEAR AND CONVINCING EVIDENCE" IN SUPPORT OF THIS AUTHORITY AS GIVEN BY ME OR US. THIS CLAUSE DOES INCLUDE ARTIFICIALLY ADMINISTERED FOOD, THAT I OR WE DO REQUEST THAT ARTIFICIALLY FOOD BE ADMINISTERED OR BE PROVIDED TO ME OR US WHERE I, OR WE ARE UNABLE TO MAKE SUCH DECISION).

MY DAUGHTER, MS. JEFFELLA FOWLER can act as fully as I or we might or could do if personally present, with full power of



substitution and revocation, hereby ratifying and confirming all that JEFFELLA FOWLER said attorney, or her designated substitute shall lawfully do or ordered to be done by virtue thereof, if My DAUGHTER, JEFFELLA FOWLER becomes incapacitated or otherwise unable or unwilling to perform the requirements of this Power Attorney, then we Appoint our beloved sons Dr. Philip Fowler, Jr. And Mr. James Daniel Fowler who shall have same authority as my Daughter, Jeffella Fowler to act in CONSULTATION WITH MR. OBREY FOWLER, NOW IN ISRAEL to act on our or behalf if he can reasonably be timely located for consultation.

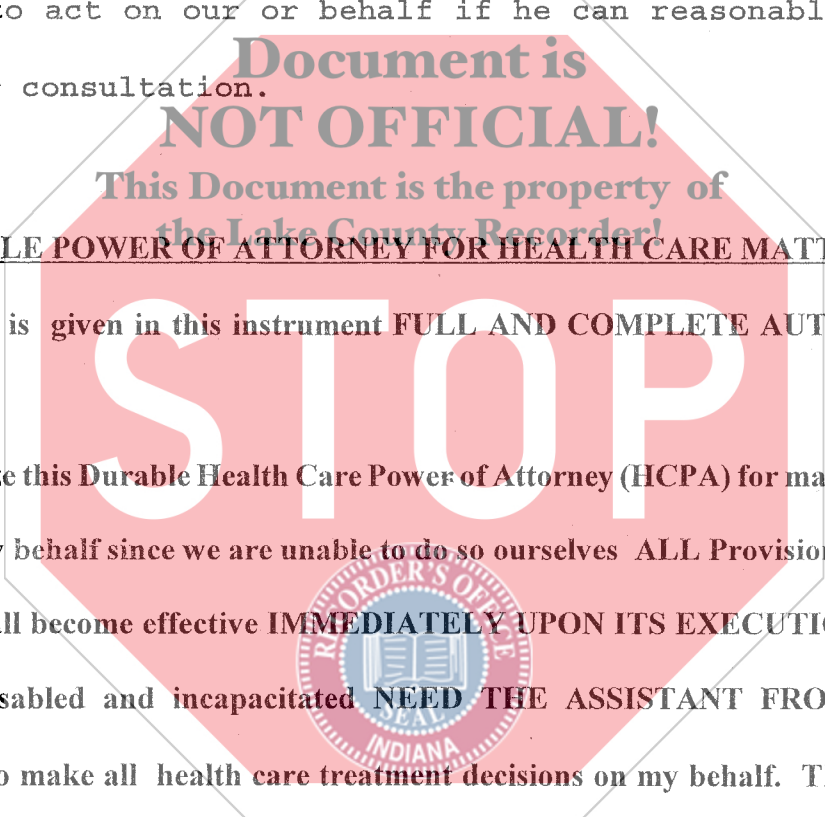
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DURABLE POWER OF ATTORNEY FOR HEALTH CARE MATTERS

My said is given in this instrument FULL AND COMPLETE AUTHORITY AND POWER TO:

1. Utilize this Durable Health Care Power of Attorney (HCPA) for making all medical decisions on my behalf since we are unable to do so ourselves ALL Provisions of this Power of Attorney shall become effective IMMEDIATELY UPON ITS EXECUTION SINCE WE ARE NOW disabled and incapacitated NEED THE ASSISTANT FROM MY SAID DAUGHTER to make all health care treatment decisions on my behalf. This includes the decision to assign or not assign me or us to a nursing facility. If, this assignment has to be made, it should be made in consultation with my afore -stated brothers She has the authority to sign or not sign any, some or all documents to assign or not assign me or us to a nursing

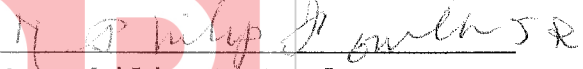


facility. Ms. Jeffella Fowler and/or her legal designated representative(s) herein shall not be held personally or financially responsible for such decision. All costs incurred from such decisions are to be paid from my or our assets, if any. 2. Again, I give my DAUGHTER, MS. JEFFELLA FOWLER General Durable Power of Attorney for conducting all my Personal Business of whatever kind, where ever situated. .

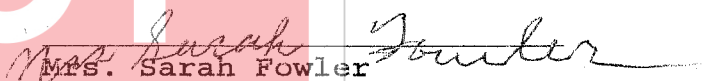
We have VOLUNTARILY signed this instrument with FULL UNDERSTANDING OF ITS CONTENTS WITHOUT COERCION, FRAUD OR DECEPTION. The contents of this General Power of Attorney have been fully explained to us and thus, We fully satisfied with the above and foregoing provisions in this legally binding document.

In addition, we are fully satisfied and consent to the legal representation of Atty. John Henry Hall, Ed.D., LL.M., 1937 Madison Street, Gary, Indiana 46407.

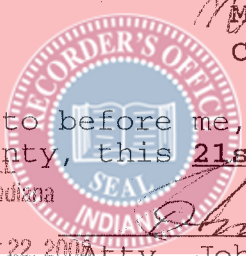
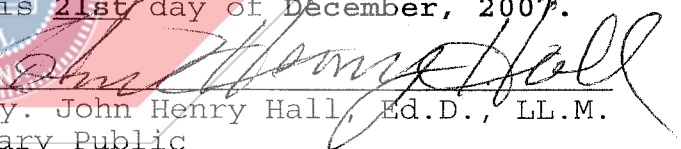
In Witness Whereof, The said we, Mr. Philip R. Fowler, Sr., and Mrs. Sarah Fowler have hereunto set their hands and seal this 21st day of December, 2007. Signed, sealed and delivered in presence of Ms. Junifer D. Hall, J. D., Legal Assistant, as a witness.

  
 Mr. Philip R. Fowler, Sr.  
 Co-Principal-Testator

State of Indiana )  
 ) SS:  
 County of Lake )

  
 Mrs. Sarah Fowler  
 Co-Principal-Testatrix

Subscribed and sworn to before me, the undersigned, a Notary Public in and for said county, this 21st day of December, 2007.

  
  
 Atty. John Henry Hall, Ed.D., LL.M.  
 Notary Public

My Commission Expires: March 22, 2008

This legal instrument, a Power of Attorney consisting of six (6) was prepared by Atty. John Henry Hall, Ed.D., LL.M., 1937 Madison Street, P. O. Box 1498 Gary, Indiana 46407, Telephone 1 (219) 883-7711, Fax 1 (219) 883-1006 and Mobile Telephone 1 (219) 688-7711.

"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." Paula Barrick

**CODICIL**

I, **SARAH FOWLER**, a resident of the County of Lake, State of Indiana, declare that this is the Codicil to my Power of Attorney, which is dated December 21, 2007.

I add or change said Power of Attorney in the following manner:

I grant my said Attorney in Fact the authority to assign, transfer or sell ALL securities, including stocks that I own and/or are registered in my name at the present time or may own in the future, that are held by any and all financial institutions. I particularly authorize my Attorney in fact to sell any and all securities/stocks for cash value that are located at Chase Bank, N.A. namely BPA 172594 for and BPA 02133.

I, **Sarah Fowler**, the person granting the Power of Attorney is still alive at the time of executing this Codicil.

This Codicil amending the Power of Attorney of December 21, 2007, which is incorporated by reference into this document certifies that this original Power of Attorney is in full force and effect as of the current date.

Otherwise, I hereby confirm and republish my Power of Attorney dated December 21, 2007, in all respects other than those herein mentioned.

I subscribe my name to this Codicil this 5<sup>th</sup> day of April, 2010, at 7250 Arthur Blvd., Merrillville, Indiana, 46410, in the presence of Tracy Anderson, Philip Fowler Jr, and Donna F. Fowler, attesting witnesses, who subscribe their names here in my presence.

*Sarah Fowler*  
SARAH FOWLER

*Jacq Cull*  
JACQUELINE CULL

**ATTESTATION CLAUSE**

On the dates last above written, **SARAH FOWLER**, known by us to be the person whose signature appears at the end of this Codicil, declared to us, Tracy Anderson, Philip Fowler Jr, and Donna F. Fowler, the undersigned, that the foregoing instrument, consisting of one page was the Codicil to the Power of Attorney dated December 21, 2007; who then signed the Codicil in our presence, and now in the presence of each other, we now sign our names as witnesses.

*Jacq Cull*  
Witness

*Philip Fowler Jr*  
Witness

*Donna F Fowler*  
Witness

