

AHW ENROLLMENT Policy

0001440293

LAKE COUNTY
FILED FOR RECORD

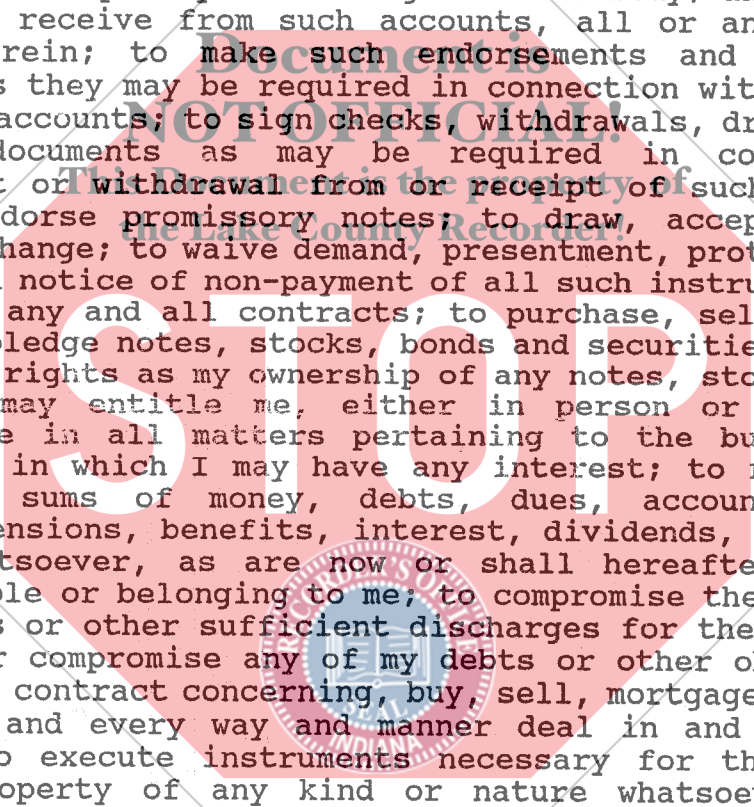
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: 2011-07-4319

2011 DEC 22 AM 10:33

That I, **CLYDE R. FOWLER**, of Hammond, Lake County, Indiana, do hereby make, constitute and appoint, first, my wife, **DOROTHY L. FOWLER**, of Hammond, Lake County, Indiana, or, alternatively and upon any of the conditions hereafter expressed, my son, **ROGER D. FOWLER**, of Hammond, Lake County, Indiana, or, alternatively and upon any of the conditions hereafter expressed, my son, **TERRY R. FOWLER**, of Cave Creek, Arizona, my true and lawful attorney-in-fact, for me and in my name, place and stead to open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance 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 evidences 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, bureau, department or agency of the United States Government or by the Treasurer or similar official of any state, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; to make such endorsements and to sign such documents as they may be required in connection with deposit into any of such accounts; to sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; to make and endorse promissory notes; to draw, accept and endorse bills of exchange; to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments; to make and execute any and all contracts; to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities; to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy; to represent me in all matters pertaining to the business of any corporation in which I may have any interest; to receive and to demand all sums of money, debts, dues, accounts, legacies, bequests, pensions, benefits, interest, dividends, annuities, and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to compromise the same; to make acquittances or other sufficient discharges for the same; to pay, discharge or compromise any of my debts or other obligations; to bargain for, contract concerning, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with personal property; to execute instruments necessary for the transfer of personal property of any kind or nature whatsoever; to sell, transfer, lease, maintain, insure, license and relicense any motor vehicle which I may own or in which I may have an interest and to execute and deliver any instruments required so to do; to manage, maintain, purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter; to execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to pay such taxes; to examine and request copies of any tax returns heretofore or hereafter filed by me or for and on my behalf; to prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; 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; to enter into, examine and remove any items from any safety deposit box in my name, either jointly or individually; to take all lawful means deemed desirable by my said attorney-in-fact to enforce my rights or to protect my property, including the institution, prosecution, compromise and settlement of legal proceedings, in my name or otherwise; and generally to transact any and all business for me of any kind or nature whatsoever; to make application in my behalf for Medicaid and other benefits available to me from the Social Security Administration or the Department of

4



FILED

DEC 21 2011

REGGY HOOPER
LAKE COUNTY
AUDITOR

030159

COMMUNITY TITLE COMPANY
FILE NO L111768

1800
nm
cm
cm
RM

Public Welfare or any other entity dealing in social services, and to make Medicaid - qualifying transfers to the extent deemed desirable by my said attorney-in-fact; to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my business or property, and with the same force and effect as though I were personally present and acting for myself; to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my health and general welfare, as well as to make any and all decisions necessary to provide for any form of medical treatment for my health and welfare, including herewith all the power to act for me, as my health care representative, as is granted in I.C. 16-36-1, with the same force and effect as though I were personally present and acting for myself. 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. In conjunction with these powers, I authorize my attorney-in-fact to consent to such medical examination, medical procedures or medical treatment as, in the sole judgment of my attorney-in-fact, appears beneficial to me and to withhold consent to any medical examination, medical procedures or medical treatment which, in the sole judgment of my attorney-in-fact, is not beneficial to me; to consent to my admission to any hospital, infirmary, convalescent facility, nursing facility or other type care facility as, in the sole judgment of my attorney-in-fact, seems proper for my care, treatment or maintenance, and to sign any contracts, agreements, or otherwise, necessary to effect my admission to any such of the foregoing facilities; to perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, among other things, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provisions for my dependents; to create, revoke or amend Trusts in my name, to make any such Trust irrevocable, and to transfer any of my property to the Trustee for administration and disposition in accordance with the provisions of such a Trust or the provisions of any Trust that I may establish; to designate or elect that the income and/or principal of such a Trust, or any Trust that I may establish, may be distributed to any one or more persons other than myself; to create, revoke, or amend any estate plan in my name and to transfer any of my property in order to carry out such estate plan, whether created by me or by my attorney-in-fact, whether such transfer is made for full value, or for less than full value; to renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interests in or rights over Trusts (including the right to alter, amend, revoke or terminate) and to exercise any right to claim an elective share in any Estate or under any Will. In exercising such discretion, my attorney-in-fact may take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes on my Estate, and the effect of such renunciation or disclaimer upon persons interested in my Estate and persons who would receive the renounced or disclaimed property;

provided, however, that my attorney-in-fact shall make no disclaimer that is expressly prohibited by other provisions of this instrument. In addition to the above-listed powers, I do hereby grant to my attorney-in-fact, without limitation, all of those powers enumerated and codified in Indiana Code at I.C. 30-5-5-2, general authority with respect to real property; I.C. 30-5-5-3, general authority with respect to tangible personal property; I.C. 30-5-5-4, general authority with respect to bonds, shares, and commodities; I.C. 30-5-5-5, general authority with respect to banking; I.C. 30-5-5-6, general authority with respect to business operations; I.C. 30-5-5-7, general authority with respect to insurance; I.C. 30-5-5-8, general authority with respect to beneficiaries; I.C. 30-5-5-9, general authority with respect to gifts; I.C. 30-5-5-10, general authority with respect to fiduciaries; I.C. 30-5-5-11, general authority with respect to claims and litigation; I.C. 30-5-5-12, general authority with respect to family maintenance; I.C. 30-5-5-13, general authority with respect to benefits for military service; I.C. 30-5-5-14, general authority with respect to records, reports, and statements; I.C. 30-5-5-15, general authority with respect to estates; I.C. 30-5-5-16, general authority with respect to health care; I.C. 30-5-5-17, power to withdraw or withhold health care; I.C. 30-5-5-18, general authority with respect to delegating authority; and I.C. 30-5-5-19, general authority with respect to all other matters. I hereby ratify and confirm all that my said attorney-in-fact shall do by virtue hereof. 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.

IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to 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 own behalf and also to revoke the powers given in this instrument.

To the extent I am permitted by law to do so, I herewith nominate, constitute and appoint my attorney-in-fact to serve as my guardian, conservator and/or in any similar representative capacity, and if I am not permitted by law to so nominate, constitute and appoint, then I request in the strongest possible terms that any Court of competent jurisdiction, which may receive and be asked to act upon a Petition by any person to appoint a guardian, conservator or similar representative for me, give the greatest possible weight to this request.

In the event of the death, disappearance, disability, or resignation of my first named attorney-in-fact, the appointment of my first named alternate attorney-in-fact shall become absolute the same as if the first named attorney-in-fact had not been appointed. The disappearance of my first named attorney-in-fact may be established by the affidavit of my said alternate attorney-in-fact. The disability of my first named attorney-in-fact may be established by the certificate of a qualified physician stating that the first named attorney-in-fact is unable to manage his or her 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 such an affidavit of disappearance or such a certificate of disability. 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. In the event of the death, disappearance, disability, or resignation of my both my first named attorney-in-fact and my first named alternate attorney-in-fact, the appointment of my second named alternate attorney-in-fact shall become absolute the same as if the first named attorney-in-fact and the first named alternate attorney-in-fact had not been appointed. The appointment of my second named alternate attorney-in-fact shall be handled in substantially the same manner as described above.

This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute a durable Power of Attorney under the Indiana Uniform Durable Power of Attorney Act. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may then be serving or eligible to serve as my attorney-in-fact under this Power of Attorney be appointed to that office, and permitted to serve without bond to the full extent permitted by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of May, 1997, before the Notary Public named below, as witness, who has duly witnessed my signing of this instrument in seven counterparts, each of which shall be considered an original.

Counterpart No. FOUR

Jacquelyn M. Kohl
Witness to signing by Grantor

Clyde R. Fowler
CLYDE R. FOWLER, Grantor

~~XXXXXX~~
Grantor's Social Security Number
6261 Delaware Avenue
Hammond, Indiana 46323
Grantor's Address

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State, personally appeared CLYDE R. FOWLER, Grantor above-named, and acknowledged the execution of the foregoing Power of Attorney to be his voluntary act and deed, for the uses and purposes therein stated. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the attorney-in-fact as the Grantor's health care representative authorized by I.C. 16-36-1.

Witness my hand and Notarial Seal this 5th day of May, 1997.

Jacquelyn M. Kohl
JACQUELYN M. KOHL, Notary Public

My Commission Expires: 10/27/97

My County of Residence: Lake

The attorney-in-fact represents and warrants that within her/his knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

Date: 3-16-09

Royce D. Fowler
Attorney-In-Fact

mjw/fowler.2

"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: [Signature]

This instrument prepared by: JACQUELYN M. KOHL, Attorney At Law, 5252 Hohman Avenue, Hammond, Indiana 46320