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THIS DOCUMENT BECAME EFFECTIVE ON THE 31ST DAY OF AUGUST, 2011, AND IT SURVIVES BOTH THE DISABILITY OR INCAPACITY OF JERRY W. WADDELL AND THE LAPSE OF TIME (SEE PARAGRAPH 25 ON PAGE 7). IN ADDITION TO THOSE OTHER POWERS DESCRIBED HEREIN, THE ATTORNEY(S)-IN-FACT SHALL HAVE EACH OF THOSE POWERS DEFINED BY INDIANA CODE 30-5-5-1, ET SEQ. THAT ARE INCORPORATED HEREIN BY REFERENCE (SEE PARAGRAPH 21 ON PAGES 5-6).

DURABLE POWER OF ATTORNEY

OF

JERRY W. WADDELL

NOT OFFICIAL!

By virtue of this document, I the undersigned, Jerry W. Waddell, presently domiciled and residing at 3037 Huntington Street, Hobart, Lake County, Indiana 46342, phone: (219) 963-2588 (home), hereby revoke any existing powers of attorney and do now appoint my daughter, Susan L. Davenport (spouse of Terry D. Davenport), presently domiciled and residing at 277 Streamwood Drive, Valparaiso, Porter County, Indiana 46383, phone: (219) 462-1024 (home), as my lawful attorney-in-fact for me. The purpose of this Durable Power of Attorney is to allow my attorney-in-fact to assist me with handling any and all of my personal affairs and property and to conduct financial and estate planning on my behalf directed to the end of developing and implementing a plan to fund the costs of my long term health care, whether through my own resources and income or benefits available through public assistance programs which may assist in the payment of such health care costs. Because it is my strong desire to transfer as much of my property as is legally possible to the beneficiaries of my estate plan, I direct that these powers be utilized in such a manner as to reduce my estate tax liabilities and preserve my assets and income for the use and benefit of my beneficiaries, rather than depleting the same for the cost of my care, provided, in the sole discretion of my attorney-in-fact, other means are available, through public assistance programs or otherwise, to adequately fund my long term health care costs. To the end, my attorney-in-fact may exercise these powers in

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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accordance with paragraphs 11, 13, 21 and 27 below without any prohibition against self-dealing. The pronouns "she," "her" or "hers" are understood to mean Susan L. Davenport, and replace the term "attorney-in-fact" in the provisions of this document. She may act in my name, place, stead, and on my behalf for my use and benefit in all of the following:

1) She is empowered to ask for, demand, sue for, recover, and receive all manner of goods, chattels, debts, rents, interests, sums of money, and demands whatsoever that are rightly due, owing or belonging to me. She may make, give and execute acquittances, receipts, releases, satisfactions, or other discharges for the same, whether under seal or otherwise.

2) She is empowered to make, execute, accept, receive, sign, seal, endorse, acknowledge and deliver in my name or in her name all checks, notes, bonds, vouchers, drafts, warrants, certificates, acknowledgments, agreements, receipts and all other written instruments of any nature which may seem necessary to protect my interests.

3) She is empowered to make, endorse, accept, receive, sign, seal, execute, acknowledge and deliver any and all contracts, deeds, leases, assignments, extensions, mortgages, satisfactions or releases of mortgage, security agreements, hypothecations, subordination agreements and any other instrument or agreement of any kind connected with these matters. This is to affect any and all property presently mine or hereafter acquired in matters which she may deem necessary or advantageous to my interests. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.)

4) She is empowered to enter into and take possession of all or a portion of any of my lands, real estate, tenements, houses, stores or buildings that become vacant. (This also applies to any holdings to which I may be or may become entitled.) She may lease the same in such a manner as is necessary and proper, as well as renew leases. She may also collect for my use and in my name all or any rents, profits, or issues of any real estate.

5) She is empowered to conduct any and all business matters existing now and in the future that I may be empowered to conduct in any capacity including, but not limited to, as shareholder, officer, partner and/or sole proprietor.

6) She is empowered to conduct any and all matters existing now and in

the future that I may be empowered to conduct as beneficiary of any estate and/or trust.

7) She is empowered to enter any safety deposit box bearing my name for any purpose including, but not limited to, the removal or addition of any items.

8) If circumstances require, she may prosecute, institute, litigate, defend, maintain, continue, compromise, arbitrate, or dispose of any legal, equitable or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

9) She is empowered to take any and all steps and remedies necessary and proper for the conduct, preservation and management of my business affairs, including, but not limited to, the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

10) She is empowered to prepare, receive, execute and file income, gift, estate, or other tax returns as well as any and all other tax related governmental reports, applications, requests, information and documents concerning my tax affairs and to represent me in any and all tax proceedings. She is also expressly empowered to prepare, receive, execute and file any and all non-tax related governmental reports, applications, requests, information and documents concerning my non-tax related affairs including, but not limited to, any and all matters concerning the Social Security Administration, Medicare, Medicaid and/or the Department of Veterans Affairs.

11) She is empowered to buy, sell, change title, otherwise transfer ownership (including transfer of ownership to herself in accordance with paragraphs 13, 21 and 27 below), and/or exercise any and all incidents of ownership including but not limited to designations of beneficiaries of any and all of my property, whether real, personal, or mixed, tangible or intangible, including but not limited to real estate, furniture and household goods, automobiles and other types of vehicles, personal effects, collections, life insurance, securities, bonds, notes, stocks of corporations regardless of class, savings and checking accounts, qualified corporate and noncorporate retirement plans [including but not limited to pension plans, profit-sharing plans, HR-10 (Keogh) plans, Simplified Employee Pension (SEP) plans, individual retirement trust agreements and individual retirement accounts], money market funds, and certificates of deposit. She shall be empowered to viaticate any life insurance policy that I may

own upon my life. She shall not, however, have any authority to deal with any insurance that I may own upon her life.

12) She is empowered to borrow money for any purpose and to mortgage or pledge any of my property.

13) She is empowered to do any and all acts related to estate and/or Medicaid planning on my behalf, including, but not limited to, the authority and power to gift in my name to herself and/or others in amounts that exceed the amount that can be gifted per year per person without my having to file a gift tax return pursuant to the then controlling provisions of the Internal Revenue Service Code, except insofar as the receipt of any such gift would disqualify the beneficiary for governmental or private assistance and benefits to which the beneficiary would otherwise be entitled or eligible [including, but not limited to, Medicaid (medical assistance), Supplemental Security Income (SSI), Food Stamps, etc.]. Subject to the above limitations, any such gifts shall be made in a pro rata manner consistent with who would receive my assets pursuant to (1) my then existing estate plan, if I have one, or (2) the then existing laws of intestate succession, as if I was deceased and had not established an estate plan prior to my death. **NO SUCH GIFTS SHALL BE PRESUMED TO HAVE BEEN MADE UNDER UNDUE INFLUENCE.**

14) She is expressly authorized to create, revoke, or amend trusts in my name 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. **SHE IS ALSO EXPRESSLY AUTHORIZED TO EXERCISE ANY AND ALL POWERS THAT I MAY EXERCISE AS TRUSTEE OF ANY TRUST FOR WHICH I AM THE SETTLOR, BENEFICIARY AND TRUSTEE.**

15) She shall be empowered to disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

16) She is empowered to disclaim gifts, inheritances, or other transfers to me.

17) She is empowered to purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and to borrow funds to make such purchases.

18) She is empowered to act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

19) She is empowered 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 and/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 provision for my dependents.

20) She shall have the power and authority to do, execute, perform, and finish for me and in my name all those things expedient and necessary in her judgment regarding matters concerning my affairs, as fully as if I were personally present. I hereby confirm and ratify whatever she shall do or cause to be done in, about or concerning my affairs or any part of them.

21) This instrument is to be construed and interpreted as a general Durable Power of Attorney with respect to the following, as defined by Indiana Code 30-5-5-1, et seq. (and/or as defined by the corresponding laws of any other state or country involved with the conduct, preservation and/or management of my business and/or personal affairs if that state or country, my attorney-in-fact and/or those involved with the conduct, preservation and/or management of my business and/or personal affairs in that state or country will not or cannot recognize and honor the laws of the State of Indiana): real property transactions, including the power to purchase any type of real property that is considered or can be made an exempt or unavailable resource under Medicaid rules; tangible personal property transactions, including the power to purchase any type of personal property that is considered or can be made an exempt or unavailable resource under Medicaid rules; bond, share, and commodity transactions, including the power to purchase and sell bonds and commodities, including U.S. Government bonds; general authority with respect to retirement plans; banking transactions; business operating transactions; insurance transactions; beneficiary transactions; gift transactions; fiduciary transactions; claims and litigation; family maintenance; benefits from military service; records, reports, and statements; estate transactions; health care transactions including the power to consent to or refuse health care on my behalf if (and only if) my attorney-in-fact is also appointed as my health care representative in the Designation of Health Care Representative which more specifically sets forth said power and is attached to this Durable Power of Attorney and incorporated herein by this reference*; delegation authority; as well as all other matters. Thus the listing of specific items, rights, acts, or powers in this document is not intended to, nor does it, limit or restrict the attorney-in-fact, and it is not to be construed or interpreted as limiting or restricting her rights, powers, and authority.

***Insofar as my attorney-in-fact is also appointed as my health care representative in the attached Designation of Health Care Representative, this instrument is specifically intended to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as currently codified at 42 U.S.C. 1320d, and the regulations implementing such Act at 45 CFR 160-164, as they now exist and as they may be amended. Accordingly, any health care provider or other entity required by law to maintain my medical records confidentially is expressly authorized to provide any and all such information, whether past, present or future, to my attorney-in-fact without restriction or limitation. The authority given to my attorney-in-fact shall supercede 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. The authority of my attorney-in-fact to have access to my medical records has no expiration date and shall expire as to any health care provider only if I revoke the authority and actual notice has been given to that health care provider.**

22) The provisions of this Durable Power of Attorney shall be deemed severable, and the invalidity or unenforceability of any one or more of its provisions shall not affect the validity and enforceability of any other provisions. Whenever necessary and where the context admits in this document, the singular term and the related pronoun shall include the plural, and the masculine shall include the feminine and neuter, and vice versa. This document may be executed in any number of counterparts, and each counterpart shall be deemed to be an original instrument. The provisions of this Durable Power of Attorney shall bind and inure to the benefit of myself and my heirs, successors, assigns, and personal representatives.

23) Uncertainty concerning whether or not I have died does not revoke or terminate the powers herein granted to my attorney-in-fact if she has no knowledge of my death and acts in good faith pursuant to this Durable Power of Attorney. Any action so taken, unless otherwise invalid or unenforceable, binds and inures to the benefit of myself and my heirs, successors, assigns, and personal representatives, as if I were alive at the time the action was taken. Whether or not my attorney-in-fact has knowledge of my death, my death shall not revoke or terminate the authority of my attorney-in-fact granted under IC 30-5-5-16(b)(5) through IC 30-5-5-16(b)(7) regarding anatomical gifts, autopsy and disposition of body, unless my attorney-in-fact exercises said authority in a manner inconsistent with a written directive executed by me prior to my death.

24) An affidavit executed by my attorney-in-fact stating that she did not have, at the time of doing an act pursuant to this Durable Power of Attorney,

knowledge of revocation or termination of this Durable Power of Attorney is, in the absence of fraud, conclusive proof of the nonrevocation or nontermination of the power at that time. If the exercise of the power requires execution and delivery of any instrument which is recordable, the affidavit when authenticated for record is likewise recordable.

25) The rights, powers and authority granted to my attorney-in-fact in this instrument shall commence and be in full force and effect on the 31st day of August, 2011, and such rights, powers and authority shall remain in full force and effect thereafter until I, Jerry W. Waddell, give notice in writing that such power is terminated. This Durable Power of Attorney shall not be affected by my subsequent disability or incapacity, or lapse of time. 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 be serving as my attorney-in-fact under this power be appointed to that office: It is my further preference that the attorney who prepared this Durable Power of Attorney represent the petitioner(s) in such proceedings, with the understanding that such representation has my "informed consent" and should thus not be deemed a violation of the Rules of Professional Conduct.

26) Upon any terms or limitations specified, my attorney-in-fact may substitute another in her place as my attorney-in-fact under this instrument; remove a substitute and revoke any delegation of authority and make further substitutions and other delegations; engage and dismiss agents, counsel, or employees and appoint and remove any successor(s), substitute(s), or agent(s); and delegate one or more of any of the powers granted in this instrument to one or more other persons. Notwithstanding the above and the delegation authority provided pursuant to preceding paragraph 21, if an attorney-in-fact appoints a substitute/delegate and said attorney-in-fact subsequently becomes unable or unwilling to serve pursuant to the provisions of paragraph 29 below, the alternate attorney(s)-in-fact designated in said paragraph 29 shall then become empowered to act as my attorney-in-fact in lieu of the substitute/delegate, unless there is no alternate attorney-in-fact then willing and able to serve.

27) Apart from the purpose of this Durable Power of Attorney described in the initial paragraph on page 1 and the powers described in preceding paragraphs 11, 13 and 21, it is not my intention to grant any beneficial interest in my estate by this instrument but to grant to my attorney-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and [except (1) for the provision of reasonable compensation for services rendered

(including compensation for services rendered more than twelve months prior to the date of any bill submitted for the payment of such services), (2) for reimbursement of expenses; (3) to fulfill the purpose of this Durable Power of Attorney described in the initial paragraph on page 1, and (4) in exercising the authority granted in preceding paragraphs 11, 13 and 21] not for the personal benefit of my attorney-in-fact.

28) This Durable Power of Attorney is executed and delivered in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law (and/or the corresponding laws of any other state or country involved with the conduct, preservation and/or management of my business and/or personal affairs if that state or country, my attorney-in-fact and/or those involved with the conduct, preservation and/or management of my business and/or personal affairs in that state or country will not or cannot recognize and honor the laws of the State of Indiana) as well as any applicable laws of the United States of America.

29) In the event of the death, disappearance, disability, incapacity, or resignation of my primary attorney-in-fact, the appointment of the agent(s) named below (whether one or more) as my alternate attorney(s)-in-fact shall become absolute the same as if the primary attorney-in-fact had not been appointed. The disappearance of my primary attorney-in-fact may be established by the affidavit of one or more of the agents 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 or her own affairs. Any person dealing with my alternate attorney(s)-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. If the first named attorney-in-fact shall reappear after a disappearance or recover after a disability or incapacity, the authority of my alternate attorney(s)-in-fact shall terminate and the first named attorney-in-fact shall again become my attorney-in-fact. In the alternative, and upon any and/or all of the conditions expressed above, I appoint the following, whether one or more, and, if more than one, both collectively and individually and when acting individually and/or jointly, or the survivor(s) of them, as my alternate attorney(s)-in-fact:

(The balance of this page is intentionally left blank.)

Jennifer L. Guerrero (my daughter)
1118 Benton Street
County of Lake
Gary, Indiana 46403
Phone: (815) 671-7408 (cell)

Notwithstanding the preceding provisions of this paragraph 29, no alternate attorney-in-fact appointed pursuant to said paragraph shall be authorized to exercise any powers as my health care representative unless said alternate attorney-in-fact is also contemporaneously appointed as my alternate health care representative pursuant to the Designation of Health Care Representative attached to this Durable Power of Attorney and incorporated herein by this reference.

DATE: AUGUST ^{31,} 13, 2011

Document is

Jerry W. Waddell
NOT JERRY W. WADDELL!

This Document is the property of
the Lake County Recorder!

WITNESS:

Long haul
7 Napoleon
Valmiano, Indiana

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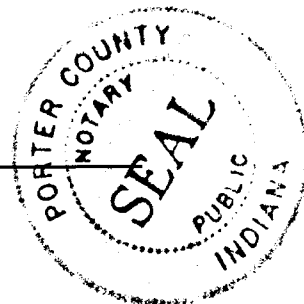
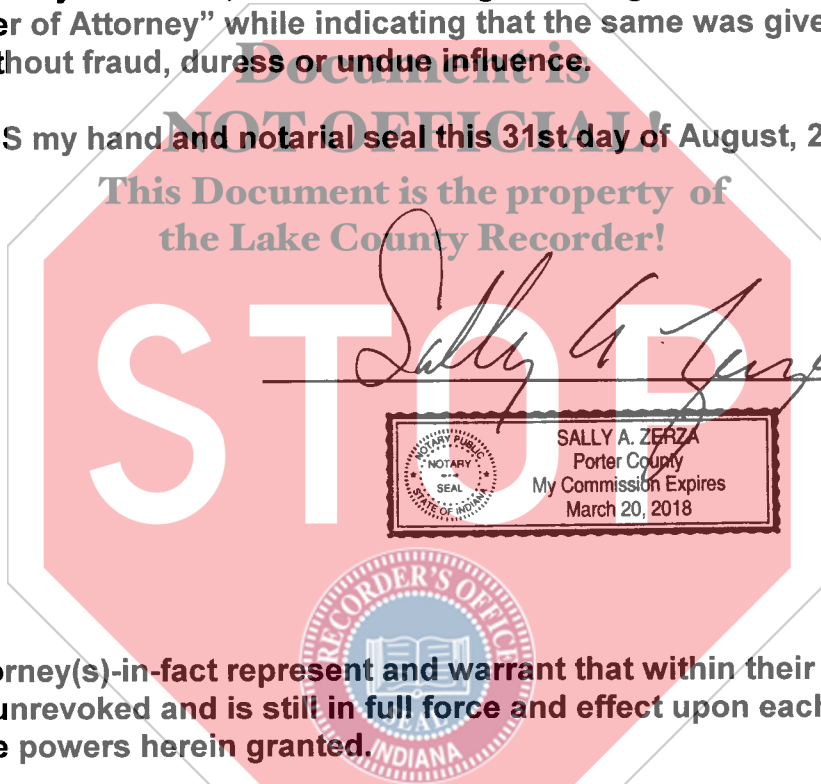
WITNESS: Teresa S. Klingseisen
282 Scotsraig Dr.
Valparaiso, Indiana

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Jerry W. Waddell, known to me, and known by me to be the principal in the foregoing "Durable Power of Attorney," appeared before me, a Notary Public in and for this County and State, and acknowledged his signature on the said "Durable Power of Attorney" while indicating that the same was given freely and voluntarily, without fraud, duress or undue influence.

WITNESS my hand and notarial seal this 31st day of August, 2011.

This Document is the property of
the Lake County Recorder!



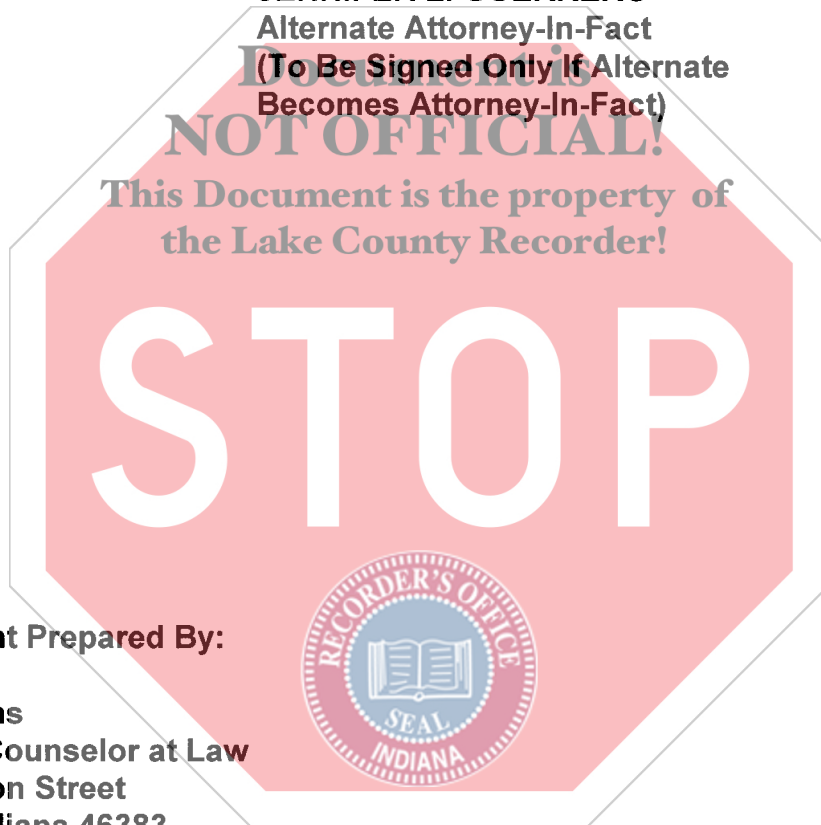
The attorney(s)-in-fact represent and warrant that within their knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

(The balance of this page is intentionally left blank.)

Susan L. Davenport

SUSAN L. DAVENPORT
Primary Attorney-In-Fact

JENNIFER L. GUERRERO
Alternate Attorney-In-Fact
(To Be Signed Only If Alternate
Becomes Attorney-In-Fact)



This Instrument Prepared By:

Donald J. Evans
Attorney and Counselor at Law
Seven Napoleon Street
Valparaiso, Indiana 46383
Phone: (219) 462-5128
Attorney Number 6746-64

