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**DURABLE GENERAL POWER OF ATTORNEY**

BY

Ronald D. Morris

(GRANTOR)

2013 021138

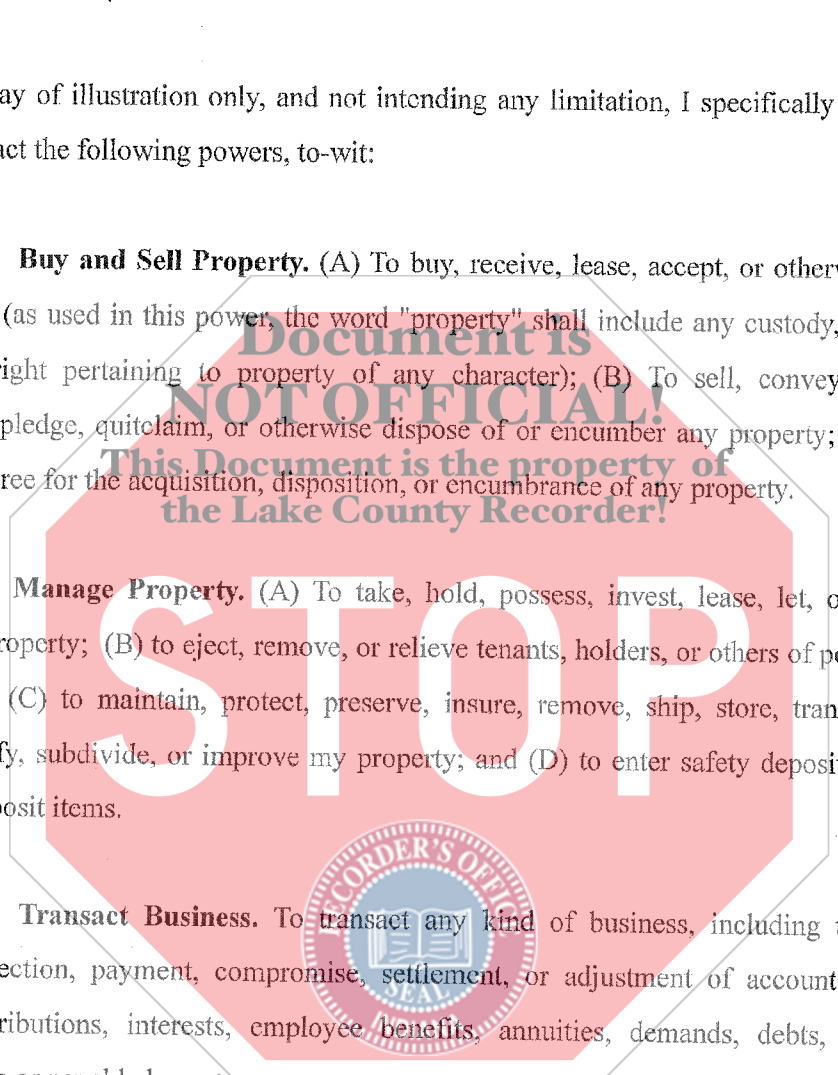
I appoint my attorney, Daniel Zamudio, of the law firm Sendak & Stamper, whose address is 209 South Main Street, Crown Point, Indiana 46307, my attorney-in-fact to do any lawful act for me in my name.

By way of illustration only, and not intending any limitation, I specifically grant to my attorney-in-fact the following powers, to-wit:

1. **Buy and Sell Property.** (A) To buy, receive, lease, accept, or otherwise acquire any property (as used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character); (B) To sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber any property; and (C) to contract or agree for the acquisition, disposition, or encumbrance of any property.

2. **Manage Property.** (A) To take, hold, possess, invest, lease, let, or otherwise manage my property; (B) to eject, remove, or relieve tenants, holders, or others of possession of my property; (C) to maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve my property; and (D) to enter safety deposit boxes and remove or deposit items.

3. **Transact Business.** To transact any kind of business, including 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.



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 MAR 20 PM 2:09  
MICHAEL S. BRIDGMAN  
RECORDER

6816  
Professionals Title Services, LLC  
9195 Broadway  
Merrillville, IN 46410

1 of 6

MAR 20 2013  
initials RDM

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

THIS IS A TRUE AND ACCURATE  
COPY OF THE ORIGINAL

*Daniel Zamudio*

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CR# 1004  
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4. **Documents.** To make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, mortgages, security agreements, hypothecations, checks, notes, bonds, vouchers, receipts, and other instruments.

5. **Deposits and Withdrawals.** To deposit or withdraw in either my name, the attorney in fact's name, or jointly in both names, funds, negotiable paper, credit, rights, or money that may come into the attorney's hands or that may be on deposit for me.

6. **Litigation.** To institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

7. **Voting Securities.** To act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

8. **Tax Returns.** To prepare, execute, and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.

9. **Disclaim Powers or Discretions.** To disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

10. **Disclaim Gifts and Transfers.** To disclaim gifts, inheritances, or other transfers to me.

11. **Flower Bonds.** To purchase U.S. Bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases.

12. **Self - dealing in Life Insurance.** My attorney-in-fact shall not, however, have any authority to deal with any insurance that I may own upon the life of the attorney-in-fact.

13. **Disclosure of Information.** 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. I give my attorney - in - fact the authority to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records under HIPAA. This includes past, present or future records including all information relating to the diagnosis and treatment of any illnesses. The authority of my attorney - in - fact supersedes 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 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 appointment of attorney - in - fact is conditioned upon a health care provider familiar with my condition stating in writing that I am unable to manage my affairs, I give authority to my nominated attorney - in - fact to obtain that written information and authorize my health care provider to provide that written information and other medical records.

14. **Complete Authority.** To perform every act, deed, matter, and thing with respect to my estate, property, and affairs as fully and effectually as I might if personally present and acting.

15. **Delegation of Authority.** Upon any terms or limitations specified; (A) to make and revoke any delegation of authority and make other delegations; (B) to engage and dismiss agents, legal counsel, or employees, and appoint and remove any such person or entity; and (C) to delegate one or more of any of the powers granted in this instrument to one or more other persons. Any such delegated authority or appointment shall survive the death or incapacity of an

attorney - in - fact appointed herein, unless and until an alternate attorney - in - fact appointed herein revokes such authority or appointment.

**16. Durable Effect.** THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY OR BY 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 attorney-in-fact under this power be appointed to that office.

**17. Trusts.** My attorney-in-fact 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.

**18. Ministerial Nature of Powers.** It is not my intention to grant any beneficial interests 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 for the provision of reasonable compensation for services, not for the personal benefit of my attorney-in-fact.

**19. 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 the primary 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 persons my alternate attorney-in-fact, in the order in which their respective names appear, to-wit: 1) my wife, Catherine G. Morris, 970 Whitehall, Crown Point, Indiana 46307, 2) my daughter, <sup>MAKELZI</sup> McKenzie Morris, 970 Whitehall, Crown Point, Indiana 46307.

20. **Incorporation of Statutory Powers.** My attorney-in-fact is expressly authorized to exercise any and all powers set forth in Indiana Code 30-5-5, sections 2 through 19, inclusive, which powers are incorporated by reference herein as if the descriptive language in each such section was set forth herein with particularity.

21. **Applicable Law.** This power of attorney is executed and delivered in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

22. **Revocation of Prior Grants.** I revoke all prior grants of power of attorney heretofore made by me.

IN WITNESS of which I have signed my name this 8<sup>TH</sup> day of DECEMBER, 2010.

Signature: \_\_\_\_\_

Ronald D. Morris

Date of Birth: \_\_\_\_\_

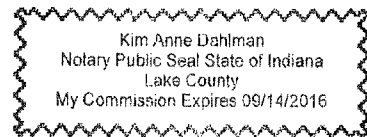
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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, residing in Lake County, Indiana, personally appeared the grantor and acknowledged the execution of the foregoing power of attorney.

WITNESS my hand and notarial seal this 8<sup>th</sup> day of December, 2010.

-- NOTARY SEAL --

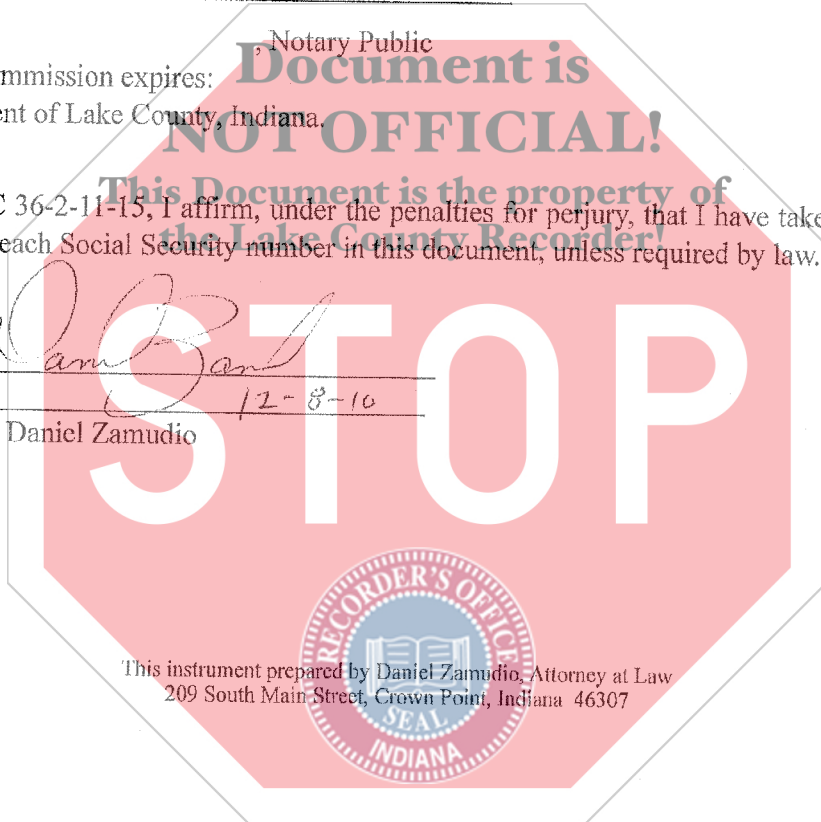


Kim Anne Dahlman

Notary Public  
My commission expires:  
Resident of Lake County, Indiana.

Pursuant to IC 36-2-11-13, 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.

Signature: [Signature]  
Date signed: 12-8-10  
Printed: Daniel Zamudio



This instrument prepared by Daniel Zamudio, Attorney at Law  
209 South Main Street, Crown Point, Indiana 46307