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**GENERAL DURABLE POWER OF ATTORNEY**

**GIVEN BY**

**FRANCES R. BANNISTER**

I, **FRANCES R. BANNISTER**, social security number [REDACTED] residing at 623 169<sup>th</sup> Street, Hammond, Indiana 46324, being at least eighteen (18) years of age and mentally competent, do hereby designate and appoint my daughter, **SARAHROSE COTHRAN**, as my true and lawful attorney-in fact.

I hereby acknowledge that I am executing a very broad Power of Attorney. The authority given to my attorney-in-fact may exceed the authority specified under the Indiana General Power of Attorney Act. During the exercise of powers granted under this General Durable Power of Attorney, my attorney-in-fact may benefit directly from my estate in accordance with the specific terms and provisions of this Power of Attorney as set forth below in this instrument.

It is my sincere desire in making this General Durable Power of Attorney that my attorney-in-fact be allowed to act on my behalf and accomplish the purposes recited herein without objection, interference, frustration, or delay caused by third parties with whom my attorney-in-fact is attempting to transact business on my behalf.

The purpose of this power of attorney is to allow my agent to assist me with the handling of any and all of my personal affairs and implementing a plan to fund the cost of my long-term health care, whether through my own resources and income or through benefits available to me through public assistance under a statute or government regulation which may assist in the payment of such health care cost. Because it is my strong desire to transfer as much of my property as 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 or otherwise, to adequately fund my long-term health care costs. To this end, my attorney may exercise the following powers without any prohibition against self-dealing.

**I. POWERS**

I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers in accordance with the manner prescribed by Indiana Code 30-5-5 and, where desirable, amending those powers as provided herein. My attorney-in-fact shall have the following powers:

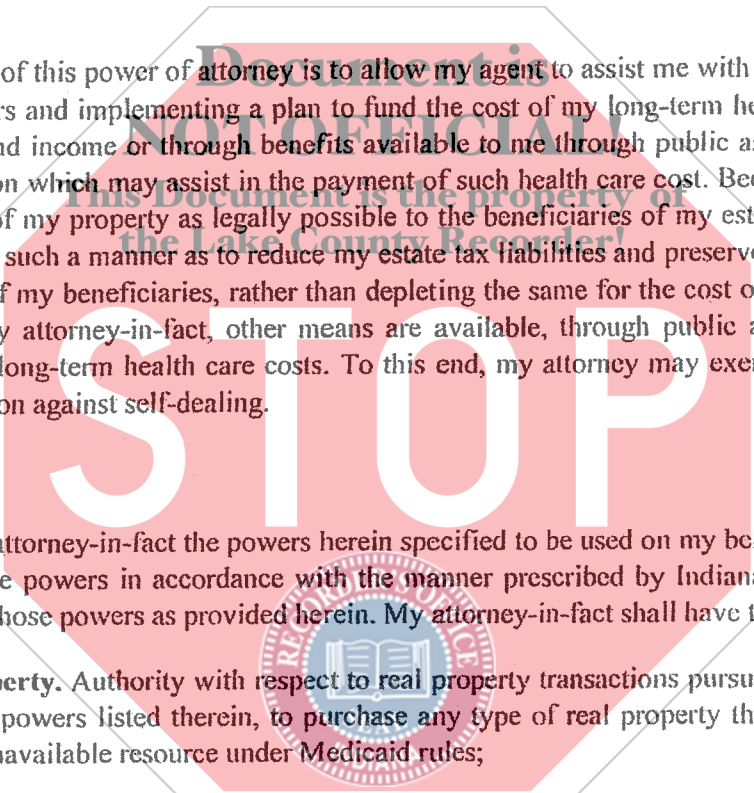
**A. Real Property.** Authority with respect to real property transactions pursuant to IC. 30-5-5-2 and, in addition to the other powers listed therein, to purchase any type of real property that is considered or can be made an exempt or unavailable resource under Medicaid rules;

**B. Tangible Personal Property.** Authority with respect to tangible personal property pursuant to I.C. 30-5-5-3 and, in addition to the other powers listed therein, to purchase any type of personal property that is considered or can be made an exempt or unavailable resource under Medicaid rules;

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for Property Management for **FRANCES R. BANNISTER**

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



24032 JUL 03 2013

AMOUNT \$ 26<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 15117  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

2013 07 03 9 28 AM  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
PROPERTY RECORDS

**C. Bonds, Commodities, and Shares.** Authority with respect to bonds, commodities, and shares pursuant to I.C. 30-5-5-4. This authority shall include the power to purchase and sell bonds and commodities, including U.S. Government bonds, and to purchase any other type of property that can be made an exempt or unavailable resource under Medicaid rules. This authority shall also include the right to add or remove my name from ownership of any bonds, commodities, shares, or brokerage accounts and the right to liquidate, close, or transfer any bonds, commodities, shares, or brokerage accounts which list me as an owner or joint owner.

**D. Banking.** Authority with respect to banking transactions pursuant to I.C. 30-5-5-5, *including, but not limited to, the authority to open and close accounts.* **Additional Authority:** Furthermore, my attorney-in-fact shall have the power and authority to create joint ownership accounts in the name of the principal and the attorney-in-fact; and the attorney-in-fact shall have the power and authority to modify and change existing accounts to reflect co-ownership or joint tenancy between the principal and the attorney-in-fact or to create, modify, and change accounts allowing the attorney-in-fact to recover the proceeds of such accounts upon death of the principal (i.e., POD or TOD accounts); and the right to add or to remove my name as owner or joint tenant of any bank account or the right to transfer any bank account;

**E. Business Operating Transactions.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6;

**F. Insurance Transactions.** General authority with respect to insurance transactions pursuant to I.C. 30-5-5-7. **Additional Authority:** Furthermore, my attorney-in-fact shall have the power and authority *to change beneficiaries or ownership*, the right to request current information about the cash surrender value of any insurance policy, *the right to direct that the cash surrender value proceeds of any insurance policy be remitted to me by an insurance company*, the right to purchase annuities on my behalf that will be deemed an exempt or unavailable resource by Medicaid, the right to annuitize the *corpus* of any existing annuity contract, and the right to exercise any other rights to which I may be entitled, on any policy that I own, and to apply for and otherwise deal with Medicare and Medicaid benefits on my behalf. My attorney-in-fact shall have the authority to take any action with respect to any policy of insurance that I would have the authority to do if acting on my own behalf.

**G. Beneficiary.** Authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8;

**H. Gifts.** Authority with respect to gift transactions pursuant to I.C. 30-5-5-9. It is my intention that the authority to make gifts which I am granting to my attorney-in-fact shall not be limited in any manner by the provisions of IC 30-5-5-9(a)(2). **Additional Authority:** General authority to make gifts without any restriction whatsoever with respect to the value or amount of the gift to those persons or entities and in the same proportions as set forth in my Last Will and Testament, Revocable Trust, or Irrevocable Trust. If I do not have a Last Will and Testament, Revocable Trust, or Irrevocable Trust, then all gifts made by my attorney-in-fact shall be made to those persons and in the amount dictated by the laws of intestate succession. My attorney-in-fact shall have the authority and the power to make gifts of any of my real or personal property, tangible or intangible, in trust or otherwise, to my attorney-in-fact or to others, without limitation as to amounts, either in excess of or less than the amount excluded from gifts under Section 2503(b) of the Internal Revenue Code of 1986, as amended, or any successor thereto and without regard to the specific restrictions on aggregate annual value for gifts to individuals that are set forth in I.C. 30-5-5-9, and to engage the services of attorneys and others for the purpose of doing Medicaid eligibility planning which includes making transfers that allow my assets or income to be distributed to those individuals who would otherwise benefit from my estate, including my attorney-in-fact.

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for Property Management for **FRANCES R. BANNISTER**

**I. Fiduciary.** Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10, including the power to create trust a for me and/or with me as grantor and also the power to act on any trust or trusts on which I am the grantor and trustee;

**J. Claims and Litigation.** Authority with respect to claims and litigation pursuant to IC. 30-5-5-11;

**K. Family Maintenance.** Authority with respect to family maintenance pursuant to I.C. 30-5-5-12;

**L. Military Service Benefits.** Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Veterans Administration, including the right to request current information about the cash surrender value of any insurance policy and the right to direct that the cash surrender value proceeds of any Veterans Administration insurance policy be remitted to me;

**M. Records, Reports, and Statements.** Authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14; including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue;

**N. Estate Transactions.** Authority with respect to estate transactions pursuant to I.C. 30.5-5-15;

**O. Health Care Powers.** General authority to act with respect to health care powers, and more particularly, my attorney-in-fact is authorized to do the following:

1. Employ or contract with servants, companions, or health care providers to care for the principal;
2. Admit or release the principal from a hospital, nursing home, or health care facility;
3. Have access to records, including medical records, concerning the principal's health status and condition;
4. Make anatomical gifts on the principal's behalf;
5. Request an autopsy;
6. Make plans for the disposition of the principal's bodily remains.

**Note:** In the event that I designate a Health Care Representative pursuant to the provisions of IC 30-5-5-16(b)(2) and IC 30-5-5-17, I shall do so by separate instrument.

**P. Delegation of Authority.** Authority with respect to delegating authority pursuant to I.C. 30-5-5-18. My attorney-in-fact shall be authorized to delegate in writing to one or more persons any or all of the powers granted to the attorney-in-fact in this instrument. More particularly, my attorney-in-fact shall have the authority to delegate to a "Special Attorney-in-Fact" the general and unrestricted authority and power to make gifts on behalf of the principal of unlimited value, and without any limitations whatsoever regarding the yearly aggregate value of such gifts, to those persons, including my attorney-in-fact, and in the same proportions as set forth in my Last Will and Testament, Revocable Trust, or Irrevocable Trust, or if I do not have a Last Will and Testament, Revocable Trust, or Irrevocable Trust, then to those persons, including my attorney-in-fact, and in the amounts dictated by the laws of intestate succession.

**Q. All Other Matters.** Authority with respect to all other matters pursuant to I.C. 30-5-5-19.

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## **II. TRANSACTIONS WITH INVESTMENT FIRMS AND STOCK BROKERS**

A. I hereby specifically authorize my attorney-in-fact to transact any and all business, sign and execute any and all documents, and do any and all things necessary with respect to securities, bonds, mutual funds, stocks, or similar investments which I may own and that are held or managed by investment firms, investment counselors, stock brokers, or brokerage firms. This authorization extends to any such accounts that are held in the name of my Irrevocable Trust.

## **III. FINANCIAL AND ESTATE PLANNING**

I hereby specifically authorize my attorney-in-fact to conduct financial and estate planning on my behalf. I specifically confer upon my attorney-in-fact the authority to engage in the following acts:

**A. Trusts.** I grant my attorney-in-fact the authority to **create any revocable or irrevocable trust** or trusts; to **revoke any revocable trust or trusts**; or to **act upon any trust or trusts** on which I am the grantor and/or trustee, including any trusts that have been created prior to my signature on this instrument, including those trusts which may be held or managed by investment firms, investment counselors, stock brokers, or brokerage firms;

**B. Annuities.** I authorize my attorney-in-fact to purchase non-assignable, non-cancelable single premium immediate annuities or any other type of investment in order to accomplish financial planning, estate planning, asset preservation, or Medicaid planning;

**C. Retirement Accounts.** In addition, I grant my attorney-in-fact the authority as to any and all **retirement accounts** I may own as follows: the authority to change the beneficiary designation, and the authority to liquidate the retirement account balance if I will need pay for long-term care expenses or if I will need to qualify for Medicaid assistance;

**D. Other Financial and Estate Planning Devices.** I authorize my attorney-in-fact to employ and use any and all other financial and estate planning devices, which I might use if I were personally present, competent, and acting on my own behalf;

**E. Authority to Conduct Medicaid Planning, Authority to Execute Assignment of Rights to Medical Support and Payment for Medical Care, and Authority to Execute Notice Regarding Rights and Responsibilities.** I authorize my attorney-in-fact to do any and all things necessary to preserve my estate and assets and to accomplish Medicaid planning, including the authority to purchase any type of property that is considered to be an "exempt resource" under Medicaid regulations. I grant my attorney-in-fact the authority, as needed, to assign rights to medical support and payment for medical care to the State of Indiana, as required under 42 U.S.C. 1396k, if I am applying for Medicaid assistance. Additionally, I authorize my attorney-in-fact to execute any and all notices regarding rights and responsibilities in connection with any application for Medicaid assistance.

## **IV. TAX MATTERS**

I authorize my attorney-in-fact to represent me in all matters relating to taxation, whether by the Federal government or the government of any state or local governmental entity and to prepare, sign, and file any documents or forms that may be required in these matters. I authorize my attorney-in-fact to make and sign a

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power of attorney or authorization to deal with the Internal Revenue Service of the United States Department of the Treasury, state, local, or other taxing authorities, including Forms 2848 and 2848-D of the Internal Revenue Service. I authorize my attorney-in-fact to act fully with regard to any tax on income, employment, information, gift, estate, generation-skipping transfer, Social Security, property, sale, employee, excise, or any other tax of any type, whether it be federal, state, or local, on Forms 1040, 709, 706, 706A, 706NA, 706GS, 843, 941, 1099, IT-40, or any other tax form for years 1940 through 2050. I further authorize my attorney-in-fact to represent me before such taxing authorities; and I authorize my attorney-in-fact to receive confidential information and to perform any and all acts that I can perform with respect to the above tax matters, including the power to receive and endorse refund checks and the power to sign tax returns.

#### **V. GUARDIAN**

If it becomes necessary to secure the appointment of a guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate court to appoint **SARAHROSE COTHRAN** as my guardian.

#### **VI. HIPAA RELEASE AUTHORITY**

I intend for my attorney-in-fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (also known as HIPAA), 42 U.S.C. Section 1320d and 45 CFR Sections 160-164. I hereby authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose, and release to my attorney-in-fact, *without restriction*, all of my *individually identifiable health information and medical records* regarding any past, present, or anticipated future medical or mental health condition.

This authority given my attorney-in-fact shall supersede 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 given my attorney-in-fact under this provision of my General Durable Power of Attorney has no expiration date and shall expire only in the event that I revoke the authority under this provision in writing and deliver it to my health care provider.

#### **VII. FEES/REIMBURSEMENT**

My attorney-in-fact shall be entitled to a fee for services provided as my attorney-in-fact. My attorney-in-fact shall be reimbursed for all reasonable and ascertainable expenses advanced by my attorney-in-fact on my behalf.

My attorney-in-fact is authorized make payments from my assets to family members and other caregivers who perform care-giving services on my behalf.

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**VIII. LIABILITY AND INDEMNITY**

My attorney-in-fact shall only be liable for actions taken in bad faith. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

**IX. EFFECTIVE DATE, INCAPACITY, AND DURABILITY**

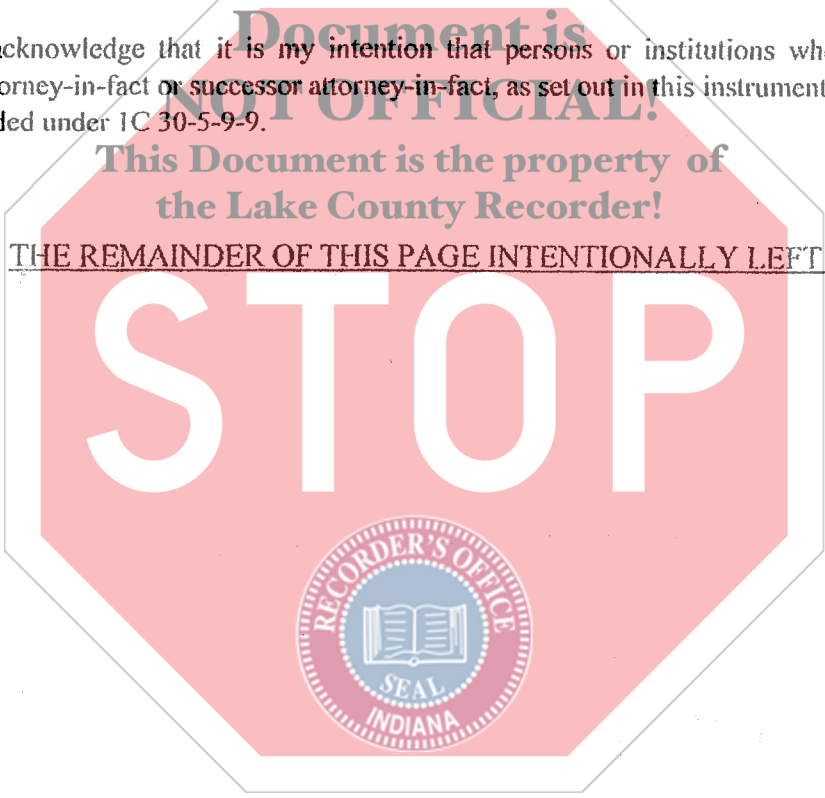
1. This Power of Attorney shall be effective as of the date it is signed.
2. My disability or incompetence shall not affect or terminate this Power of Attorney.
3. This Power of Attorney shall terminate only upon my execution of a written revocation thereof and the recording with the Recorder's Office of the county of my domicile of this written revocation.

**X. REVOCATION OF PRIOR INSTRUMENTS**

I hereby revoke all powers of attorney that I have executed prior to the date of the execution of this instrument. I hereby reserve the right to revoke this Power of Attorney at any time. My attorney-in-fact shall have the power to revoke all powers of attorney previously executed by me.

**XI. REFUSAL TO ACCEPT AUTHORITY OF ATTORNEY-IN-FACT**

I hereby acknowledge that it is my intention that persons or institutions who refuse to accept the authority of my attorney-in-fact or successor attorney-in-fact, as set out in this instrument, shall incur liability as set forth and provided under IC 30-5-9-9.



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**LEGAL DESCRIPTION  
EXHIBIT "A"**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF LAKE, STATE OF INDIANA,  
AND IS DESCRIBED AS FOLLOWS:

LOT 1, EXCEPT THE EAST 3 1/2 FEET THEREOF, IN BLOCK 6 IN TOWLE AND AVERY'S ADDITION TO THE  
CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 1, PAGE 104, IN THE OFFICE  
OF THE RECORDER OF LAKE COUNTY, INDIANA-

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 931 Chicago Street, Hammond, IN 46327  
45-03-30-336-017.000-023

