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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2013 AUG -9 AM 9:10

**DURABLE POWER OF ATTORNEY**  
MICHAEL B. BROWN  
RECORDER

also known as Karl Alsop *KJR*  
I, KARL O. ALSOP, being at least 18 years of age and mentally competent, do hereby designate and appoint KARLA J. REDER my true and lawful attorney-in-fact, or agent.

If my agent named above is unable or unwilling to act as agent then MARK D. ALSOP shall act with all rights and responsibilities given to the original agent. Bond shall not be required of my agent(s).

**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 which comply with my wishes in accordance with the manner prescribed by Ind. Code §30-5-5. The powers given herein shall be considered limited so that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property and which would cause that property to be taxed as owned by the attorney-in-fact, it being my intention not to grant any beneficial interests in my estate by this instrument. My attorney-in-fact shall have the following powers:

**Real Property.** General authority with respect to real property transactions pursuant to Ind. Code §30-5-5-2.

**Tangible Personal Property.** General authority with respect to tangible personal property pursuant to Ind. Code §30-5-5-3.

**Bonds, Commodities and Shares.** General authority with respect to bonds, commodities and shares pursuant to Ind. Code §30-5-5-4. This authority shall not include any power to purchase commodities, any power to sell short or to initiate a margin transaction and any power to purchase put or call options. This authority shall include the power to purchase United States Government obligations which are redeemable at par value in payment of estate taxes imposed by the United States Government.

**Retirement Plans.** General authority with respect to retirement plans pursuant to Ind. Code §30-5-5-4.5.

**Banking.** General authority with respect to banking transactions pursuant to Ind. Code §30-5-5-5.

**Business.** General authority with respect to business operating transactions pursuant to Ind. Code §30-5-5-6.

**Insurance.** General authority with respect to insurance transactions pursuant to Ind. Code §30-5-5-7. This authority shall not include the right to change, directly or indirectly, the beneficiary of any policy insuring my life to any natural person. This authority

After recording return to: Karla J. Reder  
131 Rielstone Drive  
Kouts, IN 46347

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**Page 2, Durable Power of Attorney for KARL O. ALSOP**

shall include full power to apply for and otherwise deal with medicare and medicaid benefits.

Beneficiary. General authority with respect to beneficiary transactions pursuant to Ind. Code §30-5-5-8.

Gifts. General authority with respect to gift transactions pursuant to Ind. Code §30-5-5-9;

Fiduciary. General authority with respect to fiduciary transactions pursuant to Ind. Code §30-5-5-10.

Claims and Litigation. General authority with respect to claims and litigation pursuant to Ind. Code §30-5-5-11.

Family Maintenance. General authority with respect to family maintenance pursuant to Ind. Code §30-5-5-12.

Military Service Benefits. General authority with respect to benefits from military service pursuant to Ind. Code §30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Department of Veterans Affairs.

Records, Reports, and Statements. General authority with respect to records, reports, and statements pursuant to Ind. Code §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.

Estate Transactions. General authority with respect to estate transactions pursuant to Ind. Code §30-5-5-15.

Health Care Decisions. General authority with respect to health care, including the withholding or withdrawal of health care in accordance with I.C. 30-5-5-16 and I.C. 30-5-5-17.

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.

Delegate. General authority with respect to delegating authority pursuant to Ind. Code §30-5-5-18.

All Other Matters. General authority with respect to all other matters pursuant to Ind. Code §30-5-5-19.

**II. 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 probate court to appoint as my guardian or as the person to act on my behalf, the agents named herein, in the order they are listed.

**III. FEES** My attorney-in-fact shall be entitled to a fee for services provided as my attorney-in-fact.

**IV. LIABILITY AND INDEMNITY** My attorney-in-fact shall only be liable for actions undertaken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. 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.

**V. EFFECTIVE DATE AND INCAPACITY**

- A. This power of attorney shall be effective as of the date it is signed.
- B. My disability or incompetence shall not affect or terminate this Power of Attorney.
- C. This power of attorney shall terminate upon the execution and recordation with the Recorder's Office of the County of my domicile a written revocation thereof.

**VI. REVOCATION**

I hereby reserve the right to revoke this power of attorney at any time.

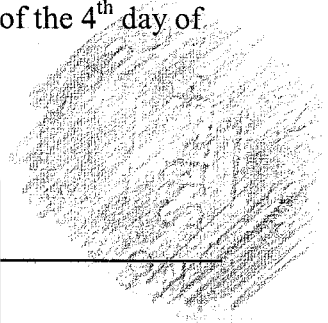
IN WITNESS WHEREOF, I have hereunto set my hand this 4<sup>th</sup> day of September 2008.

Karl O. Alsop  
KARL O. ALSOP

STATE OF INDIANA     )  
  )  
COUNTY OF PORTER    )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared KARL O. ALSOP and acknowledged the execution of the above and foregoing Durable Power of Attorney by signature or mark.

IN WITNESS WHEREOF, I do hereby set my hand and notarial seal as of the 4<sup>th</sup> day of September, 2008.



This instrument prepared by William J. Green, GREEN LAW OFFICES, P.C., 15 N. Franklin St., Suite 235, Valparaiso, IN 46383. (219) 548-8787.

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**EXHIBIT A**

Lot 88 in Fifield's Forest Hills Addition, in Lake County, Indiana, as per plat thereof, recorded in Plat Book 25 page 3, in the Office of the Recorder of Lake County, Indiana.

