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GENERAL DURABLE POWER OF ATTORNEY

I, JAMES PLEMONS, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate PAULINE PLEMONS, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. Powers:

- The above named attorney-in-fact shall have the following powers: To make, draw and indorse promissory notes, checks or bills of exchange and 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, and 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 sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest; To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same; To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes; To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation or support; To execute instruments to effect the transfer of title to any motor vehicle owned by me; To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon; To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded); To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or any local government unit and to prepare, sign and file any documents or forms that may be required in these matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

II. Effective date: (delete inapplicable provision)

~~(A) This Power of Attorney shall become effective on the _____ day of _____, 20____.~~
OR
(B) In the event no date is inserted in (A) above, this Power of Attorney shall become effective upon my disability or incompetence.

III. Termination: (delete inapplicable provisions)

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

(A) I have executed and recorded in the Recorder's Office of the County of my domicile a written revocation hereof.

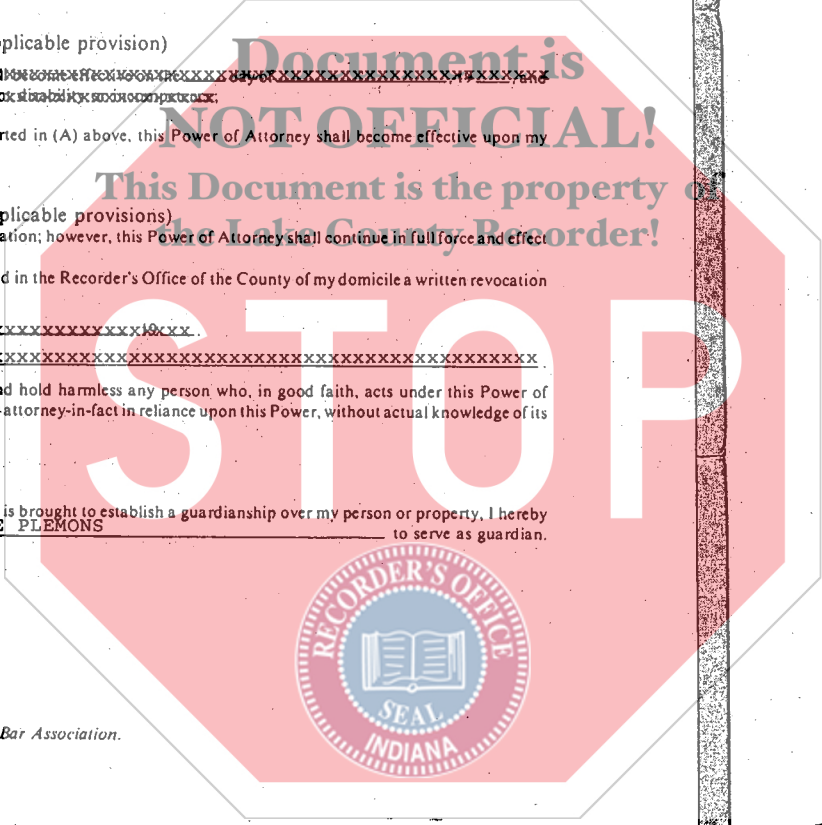
~~(B) _____~~
~~(C) _____~~

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.

IV. Guardianship: (optional)

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint PAULINE PLEMONS to serve as guardian.

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2013 DEC -9 PM 12:39

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

28335

DEC 09 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CASH 1

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V. In addition to the foregoing, and although the foregoing is intended to cover all health care decisions as defined under the Health Care Consent Law of the State of Indiana pursuant to Burns Indiana Statutes Annotated, Code Edition, Section I.C. 16-36-1-1 through I.C. 16-36-1-14 as well as any and all subsequent amendments or modifications thereof, I, nevertheless, want it expressly understood that the within General Durable Power of Attorney is intended to cover any and all health care decisions for me at any time when I have lost the capacity to make such health care decisions for myself, including the right to give informed consent, to refuse to give informed consent, or to withdraw informed consent, to any health care that is being or could be provided to me.

VI. It is the express intention of the undersigned, as Principal, that this General Durable Power of Attorney shall be a so-called "Springing General Durable Power of Attorney", that is, that the same shall become effective only upon the incompetence of the Principal, JAMES PLEMONS, pursuant to the Burns Indiana Statutes Annotated, Code Edition, Section I.C. 30-5-1-1 through Section I.C. 30-5-10-4 as well as all subsequent amendments or modifications thereof, or, in the alternative, in the event that the personal physician and/or his associate should designate in writing that the within Grantor of the within Power is not sufficiently competent to attend to his personal and/or business affairs.

VII. Furthermore, the within General Durable Power of Attorney is made, executed and the authority conferred herein shall be exercisable notwithstanding the Principal's subsequent incompetence as defined in I.C. 29-3-1-7.5 and the authority of the within Attorney in Fact, PAULINE PLEMONS, is exercisable by her as provided in the power on behalf of the Principal, JAMES PLEMONS, notwithstanding later incompetence of the Principal at Law or later uncertainty as to whether the Principal is dead or alive pursuant to I.C. 30-5-10-3 and 30-5-10-4. All acts done by the Attorney in Fact or Agent, PAULINE PLEMONS, pursuant to the Power during any period of incompetence or uncertainty as to whether the Principal is dead or alive shall have the same effect and inure to the benefit of, and bind the Principal or his heirs, devisees, and personal representatives as if the Principal were alive and competent pursuant to I.C. 30-5-10-3 and 30-5-10-4 et seq. and subsequent amendments or modifications thereof.

VIII. And in the event that my Attorney in Fact, PAULINE PLEMONS should refuse, be deceased or unable to so act, I then nominate, constitute and appoint my beloved son, JOHNNY EUGENE PLEMONS, as Successor Attorney in Fact, all in accordance with the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17 day of January, 1996.

James Plemons
JAMES PLEMONS

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 17 day of January, 1996 personally appeared JAMES PLEMONS, who acknowledged the execution of the foregoing General Durable Power of Attorney. 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 as authorized under the Indiana Health Care Consent Law, to wit: I.C. 16-36-1-1, et seq.

My Commission Expires:
11-27-99

Suzanne Goldsmith
SUZANNE GOLDSMITH, Notary Public
and Resident of Lake County

This Instrument Prepared By: DANKO & GOLDSMITH, Attorneys at Law

