

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 011871

2014 FEB 28 PM 12:16

MICHAEL B. BROWN
RECORDER

Durable Power of Attorney

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KNOW ALL MEN BY THESE PRESENTS, that I, CARMELLA MASTANDONA, of Highland, Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint my son, JAMES MASTANDONA, of Cedar Lake, Lake County, Indiana, as my true and lawful Attorney-in-Fact, or if he is unable to act for any reason, my daughter, ROSEMARY MASTANDONA, of Highland, Lake County, Indiana, shall so act as successor, or if she is unable to act for any reason, my son, MAURO MASTANDONA, of Alsip, Cook County, Illinois, shall so act as second successor, for me and in my name, place and stead to exercise all powers granted under Sections 2 through 19 of Chapter 5 of Article 5 of Title 30 of the Indiana Code, as currently in force and as the same shall be amended, and all such powers and amendments under said Chapter 5 are hereby incorporated as part of this Power of Attorney by reference, which shall include but are not limited to the following:

To receive confidential information; to prepare, sign and file tax return forms 1040, 1040X, IT40 and IT40X for all open years and all future years; and at any time to perform any and all other acts before the taxing authorities of any jurisdiction the same as I might do were I then present and competent to act, including specifically the execution of Internal Revenue Service Forms 2848 and 8821, the Indiana Department of Revenue Form POA-1 (or any successors thereto), and such other authorizations and/or forms as may be necessary to carry out the purposes of this delegation of authority;

To place documents of property or remove same from any deposit box I may have;

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name;

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter;

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To make and complete gifts of my property or assets to any one or more of my lineal descendants in such amounts and manner, including outright or in trust, as to qualify for the present interest annual exclusion from taxable gifts under Section 2503 of the Internal Revenue Code of 1986, as amended;

To make or complete gifts of my property or assets to any person or entity for estate planning purposes and/or Medicaid, nursing home and/or long term care planning purposes, except that statutory limits on the amount of said gifts shall not apply so long as they are not adverse to my best interests and are made for the benefit of my spouse or my descendants.

To take such action as is reasonable or necessary to bind up any matters in which I am acting as a fiduciary in the event of my death or incapacity.

To transfer assets or property or property interests which are titled in my name to the Trustee or Trustees of any revocable trust created by me during my lifetime to be held, administered, managed, and distributed pursuant to the terms of such revocable trust;

To apply for Letters of Guardianship for and on my behalf and to act as my Guardian in connection with any matter or matters which for any reason require a guardianship or protective proceeding.

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt him/her from any personal liability so long as he/she shall use that degree of care which reasonable people would use with their own property;

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than its ordinary legal liability when dealing directly with me; and,

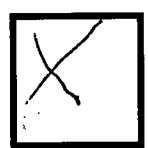
I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted; no person, firm or corporation need inquire into any action of or authority assumed by any successor Attorney-in-Fact hereunder. This Power of Attorney may be revoked only by a written instrument of revocation that identifies the Power of Attorney revoked and is signed by the principal. A revocation is not effective unless the Attorney-in-Fact or other person relying on the Power of Attorney has actual knowledge of the revocation.

Giving and granting unto my said Attorney full power to do every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment, application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this, the 25th day of February, 2014.

HER



CARMELLA MASTANDONA

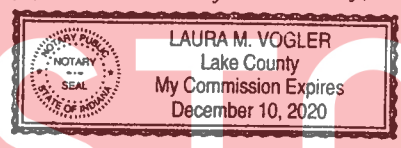
MARK

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared CARMELLA MASTANDONA and acknowledged the execution of the foregoing Durable Power of Attorney by mark above, which said mark was made due to her physical disability.

Witness my hand and seal this 25th day of February, 2014.

My Commission Expires:
12/10/2020



[Handwritten Signature]

Laura M. Vogler - Notary Public
Resident of Lake County

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.
Laura M. Vogler, Attorney at Law

THIS INSTRUMENT PREPARED BY:
Laura M. Vogler, Esq. (#30183-64)
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427

