

1
3

DURABLE GENERAL POWER OF ATTORNEY OF
DOROTHY THERESA SPOSITO

AKA Dorothy T. Sposito

BY THIS POWER OF ATTORNEY, I name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code § 30-5, as it exists now and is amended in the future.

1. **EFFECTIVE UPON INCOMPETENCE.** If my physician certifies in writing that I am no longer competent to handle my financial and daily affairs, and if such written certification is attached to or presented with this Power of Attorney, then as my attorney-in-fact I name my daughter, MARY ANNE KURZAWINSKI of Schererville, Indiana.

POWERS. I give to my attorney-in-fact the powers specified in this section to be used in good faith on my behalf and in my best interests, provided 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.

- a. No power shall exceed the statutory limitations unless specifically provided herein,
- b. The powers hereunder do not apply to my living trust unless expressly permitted by its terms.
- c. No power shall be used to change a designated beneficiary of an existing account, insurance contract or annuity.

REAL PROPERTY. Authority to buy, sell, lease, quitclaim, convey, mortgage, plat, partition, manage, develop, modify, and/or repair real property, and all other powers described in IC § 30-5-5-2.

TANGIBLE PERSONAL PROPERTY. Authority to buy, acquire, sell, lease, exchange, convey, mortgage, manage, and/or use tangible personal property, and all other powers described in IC § 30-5-5-3.

BOND, SHARE AND COMMODITY. Authority to buy, acquire, sell, exchange, convey, manage, and/or pledge bonds, shares and commodities, and all other powers described in IC § 30-5-5-4.

BANKING. Authority to open, continue, modify or terminate a deposit account, to make and sign checks, access safe deposit box, borrow money, and all other powers described in IC § 30-5-5-5.

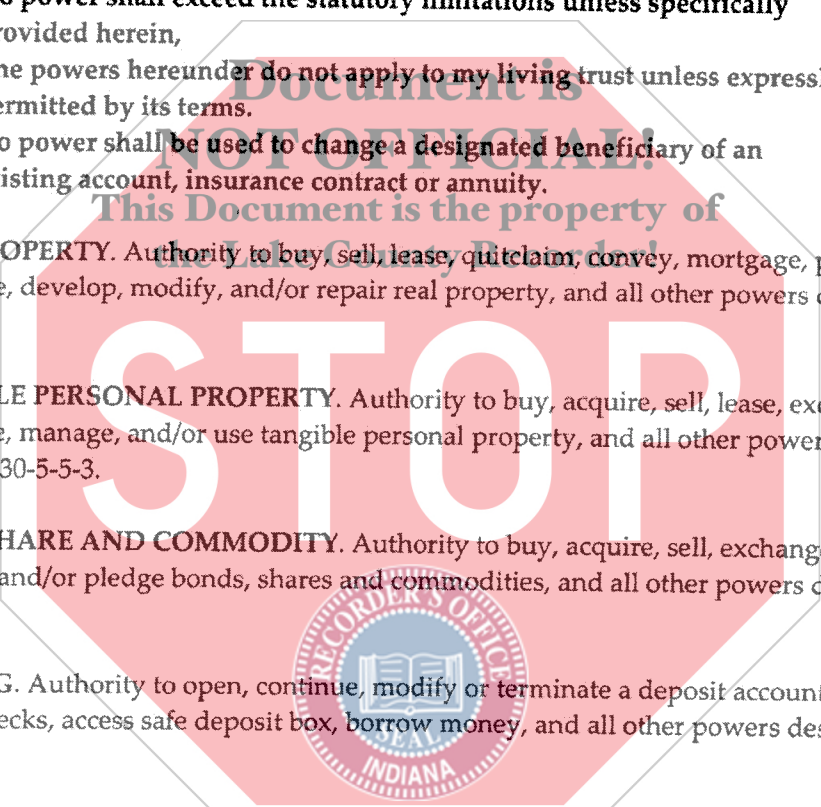
BUSINESS. Authority to perform any duty, right, power or privilege under a partnership agreement, as a stock or bond holder, or as a business owner, and all other powers described in IC § 30-5-5-6.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 AUG 26 PM 2:02

MICHAEL BROWN
RECORDER

2014 051410



HOLD FOR MERIDIAN TITLE

14-20578

03698

FILED

AUG 22 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15MT
EG

INSURANCE. Authority to procure, continue, modify or terminate a contract of life, accident, health, disability or other insurance, to pay premiums, to borrow against cash values, and all other powers described in IC § 30-5-5-7.

BENEFICIARY. Authority to represent and act for me in all matters affecting a trust, probate, estate, guardianship, escrow, custodianship, or other fund out of which I am entitled to some share or payment, or of which I am a beneficiary, and all other powers described in IC § 30-5-5-8.

GIFTS. Authority to make gifts to charities and/or my descendants, pursuant to IC § 30-5-5-9 and also from my living trust; provided however, any statutory limitation on the value of a gift to the attorney-in-fact shall not apply if the attorney-in-fact receives the consent of the successor attorney-in-fact, or if none, then another family member.

CLAIMS AND LITIGATION. Authority to initiate or defend a lawsuit or claim, and all other powers described in IC § 30-5-5-11.

FAMILY MAINTENANCE. Authority to perform acts necessary to maintain my spouse in my spouse's customary standard of living, with respect to shelter, food, clothing, health care, transportation, education and incidentals, and all other powers described in IC § 30-5-5-12.

MILITARY SERVICE. Authority to do all things with respect to benefits from military service described in IC § 30-5-5-13.

RECORDS, REPORTS AND STATEMENTS. Authority to keep and maintain records receipts and disbursements, credits and debits, to prepare, sign and file tax returns and other government document, and all other powers described in IC § 30-5-5-14.

HEALTH CARE. Authority to contract with health care providers, consent to or refuse health care, have access to medical and other records, request an autopsy, make anatomical gifts, and all other powers described in IC § 30-5-5-16.

3. HEALTH CARE REPRESENTATIVE APPOINTMENT WITH POWER TO STOP HEALTH CARE. In addition to the general authority to consent to or refuse health care, I make the following specific authorization, in accordance with IC § 16-36 as it exists now and is amended in the future:

STOP HEALTH CARE. I authorize my attorney-in-fact 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 attorney-in-fact 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 attorney-in-fact 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.

CONSULTATION. My attorney-in-fact must try to discuss this decision with me. However if I am unable to communicate, my attorney-in-fact 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 attorney-in-fact may also discuss this decision with my family and others, to the extent they are available.

4. PRIOR GENERAL POWERS OF ATTORNEY REVOKED. All powers of attorney executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all prior powers of attorney.

5. GUARDIAN. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.

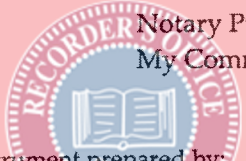
6. TERMINATION ON REVOCATION OR DEATH. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

Date: 10/26/2010 Name: Dorothy Theresa Sposito
DOROTHY THERESA SPOSITO
AKA Dorothy T. Sposito

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public, in and for said County and State, this 26th day of October 2010, personally appeared DOROTHY THERESA SPOSITO, and acknowledged the execution of the foregoing instrument to be her free and voluntary act. AKA Dorothy T. Sposito

Kellie L. Anderson
Name:
Notary Public
My Commission Expires:



Instrument prepared by:
Geoffrey G. Giorgi, Esq., 9205 Broadway, Suite B, Merrillville IN 46410 (219) 738-1133
Sophia J. Arshad, Esq., 7899 Taft St. Merrillville IN 46410 (219) 736-6500