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General Durable Power of Attorney

By this General Durable Power of Attorney, I hereby name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code (I.C.) 30-5, as it exists now and is amended in the future. The enumeration of specific items, rights, acts, or powers herein is not intended to nor does it limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney-in-fact.

I, **Jacqueline Y. Bultema**, a resident of Hammond, Lake County, State of Indiana ("Principal" being at least 18 years of age, and mentally competent, reserving the power to act on my own behalf, do hereby designate my daughters, **Rebecca L. Bultema and Lois R. Fentress**, each individually and independently, as my true and lawful attorney-in-fact.

Any act lawfully done by my attorney-in-fact under this instrument shall be binding on me, my heirs, assigns and legal representatives.

Section I POWERS

I give to my above-named attorney-in-fact, including any successor attorney-in-fact, the powers specified in this section to be used on my behalf, provided, however, 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 (including, but not limited to, retained interests in property given to me by the attorney-in-fact) and which would cause that property to be taxed as owned by the attorney-in-fact.

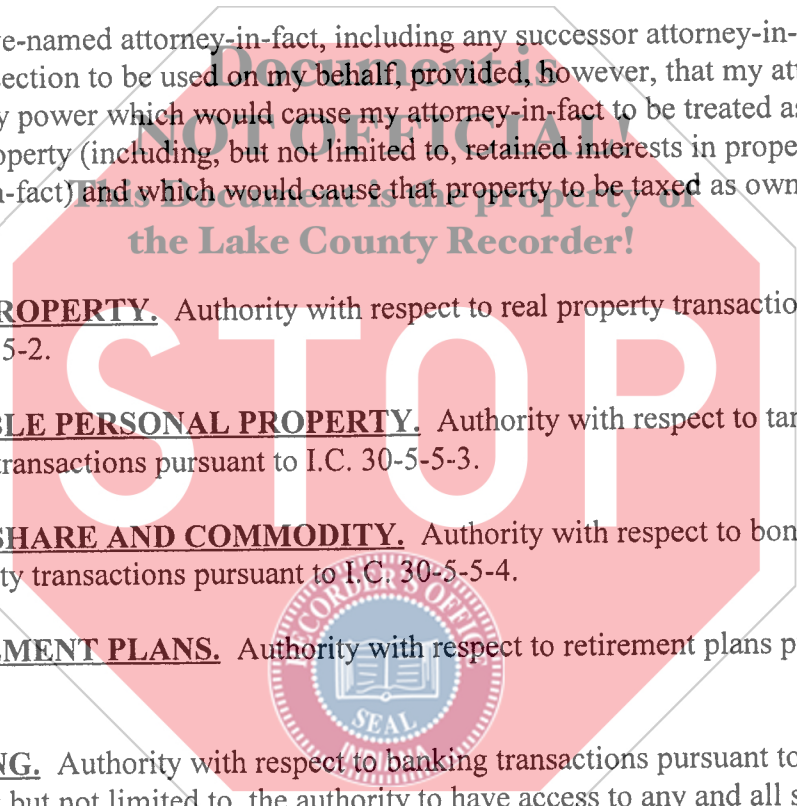
- A. **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2.
- B. **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3.
- C. **BOND, SHARE AND COMMODITY.** Authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4.
- D. **RETIREMENT PLANS.** Authority with respect to retirement plans pursuant to I.C. 30-5-5-4.5.
- E. **BANKING.** Authority with respect to banking transactions pursuant to I.C. 30-5-5-5, including but not limited to, the authority to have access to any and all safety deposit boxes in my name or in the name of my revocable trust, and to open, inspect, inventory, place items in or remove items from, and close the safety deposit boxes; I further intend that if my attorney-in-fact has signature authority added to any bank or credit union account in which I own an interest, my attorney-in-fact must not be treated as a "party" to

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**NORTH AMERICAN
TITLE COMPANY**

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STATE OF INDIANA
LAKE COUNTY
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that account or as owning a beneficial interest in that account as a result of having signature authority, unless the titling or nature of that account already reflects or is changed to reflect my attorney-in-fact's status as a joint depositor or as a transfer-on-death beneficiary.

F. **BUSINESS.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.

G. **INSURANCE.** Authority with respect to insurance transactions pursuant to I.C. 30-5-5-7.

H. **TRANSFER ON DEATH TRANSFERS.** Authority with respect to transfer on death transfers pursuant to I.C. 30-5-5-7.5.

I. **BENEFICIARY.** Authority to respect to beneficiary transactions pursuant to I.C. 30-5-5-8.

J. **GIFTS.** Authority to exercise all general authority with respect to gift transactions pursuant to I.C. 30-5-5-9, including but not limited to the power to transfer assets or property or property interests which are titled in my name to the Trustee of any revocable trust created by me during my lifetime to be held, administered, managed and distributed pursuant to the terms of such trust. Authority to exercise unlimited power to make gifts in any amount (including amounts exceeding the limits set in I.C. 30-5-5-9) to my spouse, either outright or in trust, to qualify me for resource-based government or private benefits, also including the power to alter the beneficiaries of any revocable trust of which I am Settlor to effectuate, in substance, a gift of my beneficial interest to my spouse in whole or in part; and also including power to direct the Trustee of any revocable trust of which I am Settlor to transfer the assets to be gifted out of the trust to my attorney-in-fact for the purpose of making gift(s) or to make such gifts directly from the trust. In all exercises of such gift transaction powers, my attorney-in-fact shall take into account the potential effect of gift or bargain transfers on my existing or future eligibility for public or private benefit programs. In addition, only for the same purposes, my attorney-in-fact may exercise the unlimited power to make gifts in any amount (including amounts exceeding the limits set in I.C. 30-5-5-9), either outright or in trust, to one or more persons from the group consisting of my descendants, my spouse's descendants and the spouses of any of them. My attorney-in-fact is also authorized to purchase pre-paid funeral and burial plans and to invest my assets in any annuities which my attorney-in-fact deems appropriate. In addition, my attorney-in-fact is authorized to enter into any type of personal care agreement on my behalf with my attorney-in-fact or other family members, and to use my assets to provide personal care services to me.

- K. **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.
- L. **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.
- M. **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to I.C. 30-5-5-12.
- N. **MILITARY SERVICE.** Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13.
- O. **RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports, statements, and the execution and filing of all tax returns, pursuant to I.C. 30-5-5-14, including but not limited to, the power to execute on my behalf any specific power of attorney-in-fact to act on my behalf before any taxing authority on any return or issue; the authority to learn, use and change any passwords created by or for me with respect to digitally stored or transmitted information, and to gain access to all information protected or stored under such passwords, to the fullest extent permitted by applicable law or by the agreements between myself and the particular vendors or service providers. To the extent that my attorney-in-fact considers necessary or advisable, he or she would also be authorized to indemnify such third party vendors or service providers from any claims that might be asserted as a result of their cooperation with or disclosures to the attorney-in-fact.
- P. **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15.
- Q. **HEALTHCARE.** No authority is given under this document with respect to healthcare decisions and transactions pursuant to I.C. 30-5-5-16 and I.C. 30-5-5-17. However, my attorney-in-fact shall have authority to access to all information relating to my healthcare, physician and hospital documentation and records and to execute any and all releases and other documents necessary in order to obtain disclosure of my patient records and other medical information subject to and protected under the Health Insurance Portability and Accountability Act.
- R. **DELEGATING AUTHORITY.** The powers and rights of my attorney-in fact are reserved for the named attorney-in-fact, and are not delegable or assignable. Only the individual(s) specifically named in this document shall have the right to serve as my

attorney-in-fact. However, this does not limit the authority of my attorney-in-fact to hire accountants, brokers or other such agents to provide their expertise, assistance and guidance in the preservation, maintenance or sale of my property.

- S. **PUBLIC ASSISTANCE:** To apply for Medicaid, Social Security, or any other publicly or privately funded assistance program, and to execute any documents and do any other acts deemed necessary or advisable to qualify me or make me eligible for such assistance; to sign a statement of my intent to return to my home in connection with any applications for Medicaid assistance for hospital, nursing home or extended health care, or for any other purpose; and to do any other matters necessary or advisable under all the circumstances (including but not limited to my situation and appropriate estate planning) to make myself eligible for Medicaid, Social Security, or any other publicly or privately funded assistance program.
- T. **ALL OTHER MATTERS.** Authority with respect to all other matters and affairs affecting property owned by me pursuant to I.C. 30-5-5-19. My attorney-in-fact, unless restricted otherwise hereinabove and below, shall have the power and authority to act as my alter ego and to do for me and in my name those things which such attorney-in-fact deems expedient and necessary to effectuate the intent of this instrument as fully as I could do personally for myself, with respect to all possible matters and affairs in all matters affecting property owned by me.
- U. **INCORPORATION BY REFERENCE:** The authority to exercise all powers not otherwise listed herein and granted under Sections 2 through 19 of Chapter 5 of Article 5 of Title 30 of the Indiana Code, and all such powers under said Chapter 5 are hereby incorporated as part of this Power of Attorney by reference.

I hereby ratify and confirm all that my attorney-in-fact shall do by virtue of the above powers.

Section II
EFFECTIVE DATE

This Power of Attorney shall become effective upon execution, and shall not be affected by my incompetence, subsequent disability or incapacity, but shall continue in full force and effect until my death or my revocation of this Power of Attorney as provided below.

**Section III
TERMINATION**

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have signed a written instrument of revocation identifying this Power of Attorney and recorded the same in the Recorder's Office of the county of my domicile; provided, however, that if this Power of Attorney was recorded, then the instrument of revocation must be recorded in the same Recorder's Office as this Power of Attorney was recorded (which, if different from the Recorder's Office of the county of my domicile, will require recording of the instrument of revocation in the Recorder's Office of the county of my domicile and the Recorder's Office where this Power of Attorney was recorded) and must reference the book and page or instrument number where this Power of Attorney is recorded.

**Section IV
SUCCESSOR ATTORNEY-IN-FACT**

I have not named a successor attorney-in-fact as my daughters are able to act individually and independently of each other and can act solely should the other be unwilling or otherwise unable to serve.

**Section V
AUTHORITY OF SUCCESSOR ATTORNEY-IN-FACT**

- A. Any attorney-in-fact hereunder shall be considered to fail to serve, or cease to serve, when the attorney-in-fact dies, resigns, is adjudged incapacitate by a court, cannot be located upon reasonable inquiry, if at one time was Principal's spouse is legally no longer the Principal's spouse, or a physician familiar with the condition of the current attorney-in-fact certifies in writing to the immediate successor attorney-in-fact that the current attorney-in-fact is unable to transact a significant part of the business required under this Power of Attorney.
- B. 1. The death of any attorney-in-fact hereunder may be established by the affidavit of any person named as an attorney-in-fact hereunder, however, this is not intended to be the exclusive means for establishment of the death of any attorney-in-fact hereunder.
2. The resignation of any attorney-in-fact hereunder may be established by a written document bearing such attorney-in-fact's notarized signature to that effect; however, this is not intended to be the exclusive means for establishment of the resignation of any attorney-in-fact hereunder.

3. The inability to locate any attorney-in-fact hereunder upon reasonable inquiry may be established by the affidavit of any person named as an attorney-in-fact hereunder; however, this is not intended to be the exclusive means for establishment of the inability to locate any attorney-in-fact hereunder upon reasonable inquiry.

**Section VI
REIMBURSEMENT OF EXPENSES/COMPENSATION**

My attorney-in-fact shall be entitled to reimbursement of all reasonable expenses advanced by my attorney-in-fact on behalf of me.

My attorney-in-fact shall be entitled to a reasonable fee for services rendered. My attorney-in-fact shall, not later than twelve (12) months after the date the service is rendered, notify me in writing of the amount claimed as compensation for rendering the service.

**Document is
NOT OFFICIAL!**

**Section VII
GUARDIANSHIP**

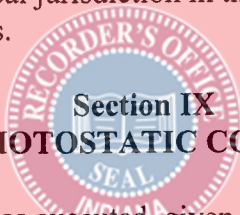
In the event a judicial proceeding is brought to establish a guardianship for me, I hereby appoint the individual then acting as my attorney-in-fact, pursuant to the foregoing provisions of this Power of Attorney to serve as guardian to have responsibility for the care, custody, and management of my property.

**Section VIII
FULL FAITH AND CREDIT**

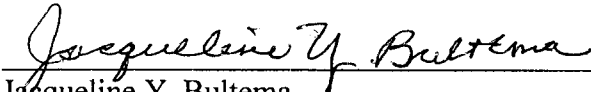
It is my intention that this Power of Attorney and my attorney-in-fact's authority be given full faith and credit within any state or local jurisdiction in the United States and in any other country, notwithstanding defects in formalities.

**Section IX
PHOTOSTATIC COPIES**

A photostatic copy of this document, as executed, given by me or my said attorney-in-fact to any third party, shall be conclusive as to such third party as to the authority of my said attorney-in-fact to act for me as provided herein, unless and until such time such third party shall have received written notice from me, from a court-appointed guardian of my estate, or from said attorney-in-fact, of the revocation or limitation of this document.



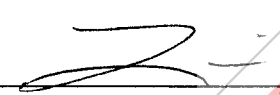
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of May, 2014.


Jacqueline Y. Bultema

STATE OF INDIANA)
) SS:
COUNTY OF LAKE) SS:

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Jacqueline Y. Bultema, who acknowledged the execution of the foregoing General Durable Power of Attorney and delivered said instrument as her free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial seal this 7th day of May, 2014.


Lisa A. Kmak, Resident of Lake County, IN

My Commission Expires: 11/07/2017

