

I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 DEC 29 PM 1:42

MICHAEL B. BROWN
RECORDER

Cathy L Coleman
Meridian Title Corp 082950

Durable Unlimited Power of Attorney

Effective Immediately

Notice to Adult Signing this Document: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you are giving another person, your attorney-in-fact, broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. THE POWERS GRANTED UNDER THIS DOCUMENT ARE EFFECTIVE IMMEDIATELY AND WILL REMAIN IN EFFECT IF YOU BECOME DISABLED OR INCAPACITATED. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your durable unlimited power of attorney, you must complete a new document and revoke this one. You have the right to revoke the designation of the attorney-in-fact and the right to revoke this entire document at any time and in any manner. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document may become invalid. Since some third parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs. Generally, you may designate any competent adult as the attorney-in-fact under this document.

I, Brenda Y. Johnson, of 1422 W. 17th Avenue,
City of Gary, State of Indiana, as Principal,
do appoint Bridgett M. Hays, of 1731 Buttonwood Circle; #2912,
City of Schaumburg, State of Illinois, as my
attorney-in-fact to act in my name, place and stead in any way which I myself could do, if I were personally present,
with respect to all the following matters to the extent that I am permitted by law to act through an agent:

I grant my attorney-in-fact the maximum power under law to perform any act on my behalf that I could do personally, including but not limited to, all acts relating to any and all of my financial transactions and/or business affairs including all banking and financial institution transactions, all real estate or personal property transactions, all insurance or annuity transactions, all claims and litigation, and any and all business transactions.

This power of attorney shall become effective immediately and shall remain in full effect upon my disability or incapacitation. This power of attorney grants no power or authority regarding healthcare decisions to my designated attorney-in-fact.

If the attorney-in-fact named above is unable or unwilling to serve, then I appoint
_____, of _____,
City of _____, State of _____, to be my
successor attorney-in-fact for all purposes hereunder.

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.

ALFP126 Durable Unlimited POA-Immediate Pg.1 (11-12)

Name Cathy L Coleman

HOLD FOR MERIDIAN TITLE CORP.
14-30272

20-
NONE
MT
① 88

My attorney-in-fact is granted full and unlimited power to act on my behalf in the same manner as if I were personally present. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence. Revocation of this document is not effective unless a third party has actual knowledge of such revocation.

I intend for my attorney-in-fact under this Power of Attorney to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

Signature and Declaration of Principal

I, Brenda Y. Johnson, the principal, sign my name to this power of attorney this 29th day of November and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence, and that I have read and understand the contents of the notice at the beginning of this document.

Brenda Y. Johnson
Signature of Principal

Witness Attestation

I, BERTHA M. Jones, the first witness, and I, Cristal Alcauter, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Bertha M Jones
Signature of First Witness

Cristal Alcauter
Signature of Second Witness

I have discussed my health care wishes with the person whom I have herein appointed as my health care representative, I am fully satisfied that the person who I have herein appointed as my health care representative will know my wishes with respect to my health care and I have full faith and confidence in their good judgement.

I further direct that my health care representative shall have full authority to do the following, should I lack the capacity to make such a decision myself, provided however, that this listing shall in no way limit the full authority that I give my health care representative to make health care decisions on my behalf:

- a. to give informed consent to any health care procedure;
- b. to sign any documents necessary to carry out or withhold any health care procedures on my behalf, including any waivers or releases of liabilities required by any health care provider;
- c. to give or withhold consent for any health care or treatment;
- d. to revoke or change any consent previously given or implied by law for any health care treatment;
- e. to arrange for or authorize my placement or removal from any health care facility or institution;
- f. to require that any procedures be discontinued, including the withholding of any medical treatment and/or aid, including the administration of nutrition, hydration, and any other medical procedure deemed necessary to provide me with comfort, care, or to alleviate pain, subject to the conditions earlier provided in this document.
- g. to authorize the administration of pain-relieving drugs, even if they may shorten my life.

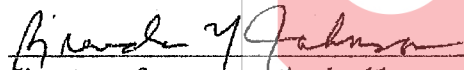
I desire that my wishes with respect to all health care matters be carried out through the authority that I have herein provided to my health care representative, despite any contrary wishes, beliefs, or opinions of any members of my family, relatives, or friends.

I have read the Notice that precedes this document. I understand the full importance of this appointment, and I am emotionally and mentally competent to make this appointment of health care representative.

I intend for my attorney-in-fact under this Power of Attorney to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

I have read the Notice that precedes this document. I understand the full importance of this appointment. I am over 19 years of age and I am emotionally and mentally competent to make this appointment of health care representative.

Date 11/29/13



Signature of person granting health care power of attorney and appointing health care representative

Witness Attestation

I, BERTHA M. JONES, the first witness, and I, Cristal Alcantar, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is nineteen years of age or older, of sound mind and under no constraint or undue influence. I am not related to the principal, nor am I entitled to any portion of the principal's estate. I also do not provide health care services to the principal and

am not financially responsible for the principal's health care.

Bertha M Jones
Signature of First Witness

[Signature]
Signature of Second Witness

1203 E Ridge Rd Griffith IN 46319
Address of First Witness

1203 Ridge Rd Griffith IN 46319
Address of Second Witness

Notary Acknowledgment

State of Indiana County of Lake

On 11/29/13, Brenda Johnson came

before me personally and, under oath, stated that he/she is the person described in the above document and he/she signed the above document in my presence. The witnesses Bertha Jones and Cristal Alcauter also came before me attested to the above statement and signed the document in my presence.

Kevin Jablonski
Notary Public Signature

Notary Public In and for the County of Lake State of In
My commission expires: 9/22/17

Seal

Acceptance of Appointment as Attorney-in-Fact

I accept my appointment as Attorney-in-Fact.



Bridgett M. Hays
Signature of Attorney-in-Fact

Bridgett M. Hays
Printed Name of Attorney-in-Fact

Prepared by:

1731 Buttonwood Circle * 2912 Schaumburg, IL 60173

California residents or persons intending that this document be valid in the State of California should use the following California Notary Acknowledgment form and the following California Witness Acknowledgments:

California Notary Acknowledgment

State of California

County of _____ } S.S.

On _____, before me,

(name and title of notary), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary Signature

(Seal)

EXHIBIT "A"

Property Address: 1422 West 17th Avenue, Gary, IN 46407
File No.: 14-30272

Lots Numbered 43, 44 and the West 12.5 feet of Lot Numbered 45 in Block 2 in Main Street Annex to Logan Park, in the City of Gary, as per plat thereof, recorded in Plat Book 7 page 2 as the same appears of record in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):	
25-46-0020-0043	45-08-09-302-051.000-004
25-46-0020-0050	45-08-09-302-052.000-004

