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MICHAEL J. ...
RECORDER

GENERAL DURABLE POWER OF ATTORNEY AND
HEALTH CARE REPRESENTATIVE DESIGNATION FOR
CHRISTINE ZERITES

ARTICLE I
DESIGNATION OF AGENT

COPY

I, Christine Zerites, of Lake County, State of Indiana, being an adult and mentally competent do hereby designate and appoint Katherine D. Butterfield of Porter County, State of Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, and hereby give my Agent full authority and power to make financial, asset management and personal decisions for me in my name, place and stead as authorized in this document.

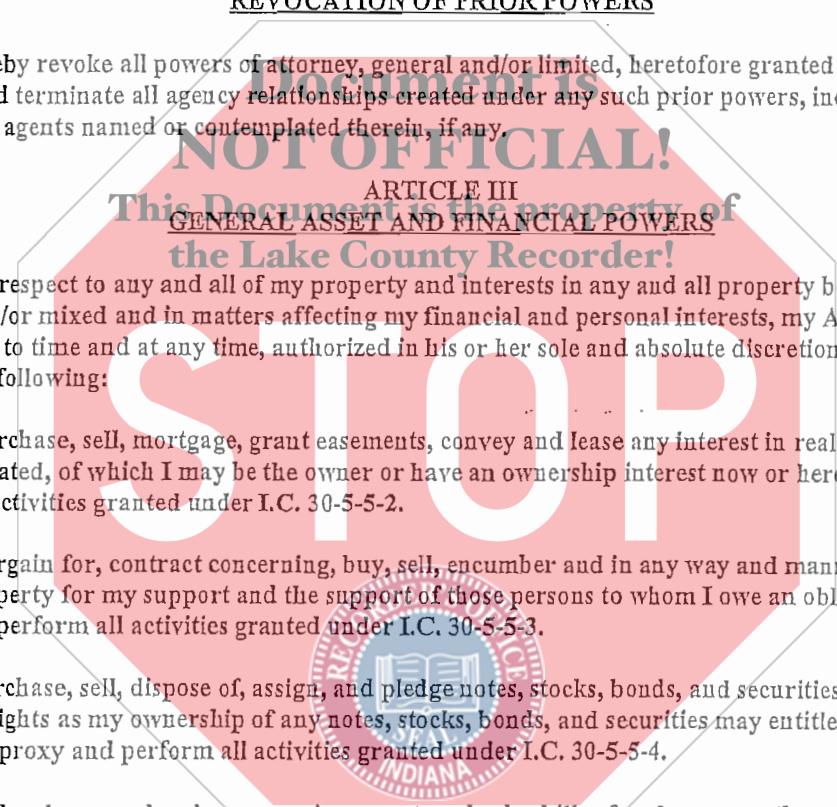
ARTICLE II
REVOCATION OF PRIOR POWERS

I hereby revoke all powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

ARTICLE III
GENERAL ASSET AND FINANCIAL POWERS

With respect to any and all of my property and interests in any and all property be it real, personal and/or mixed and in matters affecting my financial and personal interests, my Attorney-in-Fact is, from time to time and at any time, authorized in his or her sole and absolute discretion to do or perform the following:

1. Purchase, sell, mortgage, grant easements, convey and lease any interest in real estate, wherever located, of which I may be the owner or have an ownership interest now or hereafter and perform all activities granted under I.C. 30-5-5-2.
2. Bargain for, contract concerning, buy, sell, encumber and in any way and manner deal with my personal property for my support and the support of those persons to whom I owe an obligation of support and perform all activities granted under I.C. 30-5-5-3.
3. 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 and perform all activities granted under I.C. 30-5-5-4.
4. Make, draw, and endorse promissory notes, checks, bills of exchange or other negotiable instruments to which I may be entitled or other negotiable instruments to which I may be entitled under the Uniform Commercial Code and to exercise any right with regard to the same including the right to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments



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as well as the right to make deposits to and withdrawals from and to invest, reinvest, or renew any of my deposited checking, savings, certificate of deposits, or other accounts of whatever nature or wherever retained or deposited; to establish new or close out existing accounts of any nature pertaining to my funds and money; to utilize and expend any of my money from any such accounts or, if necessary, to utilize my assets in the event my liquid funds are depleted or not readily available, for the payment of my just and lawful debts and bills including the right to utilize my credit cards and charge accounts in a manner that will best serve my financial interests according to the sole and absolute discretion of my said Attorney-in-Fact and perform all activities granted under I.C. 30-5-5-5.

5. Discharge and perform any duty or liability, right, power, or privilege that the principal has under a partnership agreement or take any action with regard to a sole proprietorship owned by the principal and perform all actions granted under I.C. 30-5-5-6.

6. Purchase, maintain, surrender, collect, or cancel: (a) life insurance or annuities of any kind on my life or the life of any one in whom I have an insurable interest; (b) liability insurance protecting me and my estate against third party claims; (c) hospital insurance, medical insurance, Medicare Supplement insurance, custodial care insurance, and disability income insurance for me or any of my dependents; and (d) casualty insurance insuring assets of mine against loss or damage due to fire, theft, or other commonly insured risk; to pay all insurance premiums, to select any options under such policies, to increase coverage under any such policy, to borrow against any such policy, to pursue all insurance claims on my behalf, to adjust insurance losses, and the foregoing powers shall apply to private and public plans, including but not limited to Medicare, Medicaid, SSI and Worker's Compensation and perform all activities granted under I.C. 30-5-5-7.

7. Represent and act for the principal in all matters affecting a trust, a probate, an estate, a guardianship, a custodianship, an escrow, or other fund out of which the principal is entitled or claims to be entitled as a beneficiary and perform all activities granted under I.C. 30-5-5-8.

8. Make gifts to organizations and individuals on behalf of the principal and perform any other activities in accord with the provisions of I.C. 30-5-5-9.

9. Represent and act for the principal in all ways and in all matters affecting a fund in which the principal is a fiduciary and apply for and procure in the name of the principal letters of administration, letters testamentary, letters of guardianship or any other type of judicial or administrative authority to act as a fiduciary and perform all activities granted under I.C. 30-5-5-10.

10. Institute, supervise, prosecute, defend, represent me in, intervene in, abandon, compromise, arbitrate, settle, dismiss, and appeal from any and all legal, equitable, judicial, or administrative hearings, actions, suits, proceedings, attachments, arrests, decedent or guardianship estate matters, for the protection of my personal or financial interests involving me in any way, including but not limited to, matters or proceedings with respect to claims by or against me arising out of property damages or personal injuries suffered or caused by me or under such circumstances that the loss resulting therefrom will or may be imposed on me and otherwise engage in litigation involving me, my property, or any interest of mine including any property or interest or person for which or whom I have or may have any responsibility and perform all activities granted under I.C. 30-5-5-11.

11. Perform acts necessary for maintaining the customary standard of living of the principal's spouse, children and other persons customarily supported by the principal and perform all activities granted under I.C. 30-5-5-12.

12. Execute vouchers in the name of the principal for allowances and reimbursements payable by the United States, a state or a subdivision of a state to the principal and perform all actions granted under I.C. 30-5-5-13.

13. Keep records, hire and discharge accountants and attorneys, represent the principal in all matters of taxation involving the Federal government, the government of any State or any local governmental unit, and to prepare, sign and file any documents or forms that may be required in any such tax matters including my State and Federal Income Tax Returns and to receive and respond to any correspondence from these taxing agencies and perform all actions granted under I.C. 30-5-5-14.

14. Accept, renounce, or claim a legacy, bequest, devise, gift or other property on behalf of the principal; establish a revocable trust for the benefit of the principal and perform all actions granted under I.C. 30-5-5-15.

15. Employ or contract with all types of health care providers on the principal's behalf and consent to or refuse health care for the principal in accordance with I.C. 16-8-11 and I.C. 16-8-12 with said declaration and appointment being made as a part of this document under Article IV and perform all actions granted under I.C. 30-5-5-16.

16. To delegate authority to one (1) or more persons of any or all powers given my Attorney-in-Fact in accord with the provisions of I.C. 30-5-5-18.

17. To act as an alter ego of the principal with respect to all possible matters and affairs affecting the property owned by the principal that the principal can perform through an Attorney-in-Fact in accord with the provisions of I.C. 30-5-5-19.

All the powers granted an Attorney-in-Fact under Indiana Code Section I.C. 30-5-5-2 through I.C. 30-5-5-19 are granted to Katherine D. Butterfield, my Attorney-in-Fact.

ARTICLE IV
PERSONAL CARE POWERS

With respect to the control and management of my person, my Attorney-in-Fact in his or her sole and absolute discretion from time to time at any time is authorized to:

1. Do all acts necessary for maintaining my customary standard of living; to provide living quarters by purchase, lease, or other arrangement or by payment of the operating costs of my existing living quarters including interest, amortization payments, repairs, and taxes; to provide normal domestic help for the operation of my household; to provide clothing, transportation, medicine, food, and incidentals; and, if necessary, to make all necessary arrangements, contractual or otherwise, for me at any hospital, hospice, nursing home, convalescent home or similar establishment or in my own residence should I desire it and to assure that all of my essential needs are provided for at such facility or in my

own residence as the case may be; and, if in the judgment of my Attorney-in-Fact I will never be able to return to my living quarters from a hospital, hospice, nursing home, convalescent home or similar establishment, to lease, sublease, or assign my interest as lessee in any lease or protect or sell or otherwise dispose of my living quarters (investing the proceeds of any such sale as my Attorney-in-Fact deems appropriate) for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate; and to store and safeguard or sell for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate or otherwise dispose of any items of tangible personal property remaining in my living quarters which my Attorney-in-Fact believes I will never need again (and pay all costs thereof); and as an alternative to such storage and safeguarding, to transfer custody and possession (but not title) for such storage and safekeeping of any such tangible personal property of mine to the person, if any, named in my Will as the recipient of such property;

2. Provide opportunities for me to engage in recreational and sports activities, including travel, as my health permits;

3. Provide for the presence and involvement of religious clergy or spiritual leaders in my care, provide them access to me at all times, maintain my memberships in religious or spiritual organizations or arrange for membership in such groups and enhance my opportunities to derive comfort and spiritual satisfaction from such activities including religious books, tapes, and other materials all in the same or similar manner to which I have been accustomed or as determined by my Attorney-in-Fact to be appropriate;

4. Provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself;

5. Make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker and such other related arrangements as my Attorney-in-Fact shall deem appropriate including the right to establish a prepaid irrevocable funeral trust that will qualify as an "exempt resource" for Medicaid purposes if I have not previously done so or made any advance funeral arrangements myself.

It is understood that I wish to live and enjoy life as long as possible; however, I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my health care representative believes the burdens of the treatment outweigh the benefits. I want my health care representative to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment. This notwithstanding I especially do not want my life to be prolonged and I do not want life-sustaining or artificial life support treatment if:

i) I ever have a condition that is incurable or irreversible and, without the administration of life-sustaining treatment, is expected to result in death within a relative short period of time; or

ii) I am ever in a coma or persistent vegetative state which is reasonably concluded to be irreversible.

With respect to nutrition and hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins, I wish to make it clear that I intend to include these procedures among the life-sustaining procedures that may be withdrawn under the above conditions.

I authorize my health care representative 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 health care representative is satisfied that certain health care is not or would not be beneficial or that such care is or would be excessively burdensome, then my health care representative 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.

My health care representative must try to discuss this decision with me; however, if I am unable to communicate, my health care representative 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 health care representative may also discuss this decision with my family and others.

IT IS TO BE UNDERSTOOD THAT AS LONG AS I REMAIN CAPABLE OF CONSENTING TO MY OWN HEALTH CARE, I MAY AT ANY TIME (i) REVOKE THE APPOINTMENT OF MY HEALTH CARE REPRESENTATIVE BY NOTIFYING MY SAID HEALTH CARE REPRESENTATIVE ORALLY OR IN WRITING, OR (ii) REVOKE THE AUTHORITY GRANTED UNDER THIS DOCUMENT TO MY HEALTH CARE REPRESENTATIVE BY NOTIFYING THE HEALTH CARE PROVIDER ORALLY OR IN WRITING. PROVIDED I DO NOT MAKE ANY SUCH REVOCATION AT ANY TIME, THE APPOINTMENT OF MY HEALTH CARE REPRESENTATIVE OR THE AUTHORITY GRANTED TO MY HEALTH CARE REPRESENTATIVE HEREUNDER SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCOMPETENCE, OR LAPSE OF TIME.

THIS APPOINTMENT OF A HEALTH CARE REPRESENTATIVE IS NOT TO BE CONSIDERED A CONTRADICTION OF ANY LIVING WILL I MAY EXECUTE WHETHER SIMULTANEOUSLY HEREWITH, PREVIOUSLY, OR HEREAFTER. MY LIVING WILL SHALL BE CONSIDERED AS EXPRESSING MY INTENTION BUT MY HEALTH CARE REPRESENTATIVE'S ACTION IN CONSENTING OR WITHHOLDING OR WITHDRAWING CONSENT TO LIFE- SUSTAINING OR PROLONGING PROCEDURES SHALL TAKE PRECEDENCE AND PRIORITY OVER ANY LIVING WILL OF MINE.

ARTICLE V
PROVISION APPLICABLE TO ARTICLE III

WITH RESPECT TO ARTICLE III (GENERAL ASSET AND FINANCIAL POWERS), IT IS TO BE UNDERSTOOD THAT THE AUTHORITY I HAVE CONFERRED TO MY ATTORNEY-IN-FACT IN NO WAY IS INTENDED TO LIMIT OR RESTRICT MY OWN AUTHORITY OR DECISION-MAKING CAPABILITIES COVERING SUCH POWERS AND AUTHORITY AS LONG AS I REMAIN MENTALLY COMPETENT.

FURTHERMORE, THIS POWER OF ATTORNEY AND THE AUTHORITY I HAVE CONFERRED AND SPECIFIED UNDER ARTICLE III ABOVE SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS I MAY HERINAFTER REVOKE THE SAME IN WRITING PROVIDED FURTHER THAT THE SAME SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCOMPETENCE, OR LAPSE OF TIME.

**ARTICLE VI
THIRD PARTY RELIANCE**

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

**ARTICLE VII
NOMINATION OF GUARDIAN**

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, Katherine D. Butterfield, hereinabove designated and appointed to be my guardian.

**ARTICLE VIII
MISCELLANEOUS PROVISIONS**

1. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.
2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder but shall be entitled to reimbursement for all reasonable expenses incurred and paid including transportation costs, as a result of carrying out any provisions of this instrument.
3. My Attorney-in-Fact, including her heirs, legatees, successors, assigns, personal representatives and estate acting in good faith hereunder, is hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives or estate arising out of the acts or omissions of my Attorney-in-Fact except for misconduct or gross negligence.
4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as any original.
5. If any part of provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only without affecting the remaining parts or provisions of this instrument in any way.

6. This instrument and actions taken by my Attorney-in-Fact properly authorized hereunder shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 1 day of October, 2011.

Christine Zerites
Christine Zerites

DECLARATION OF WITNESSES

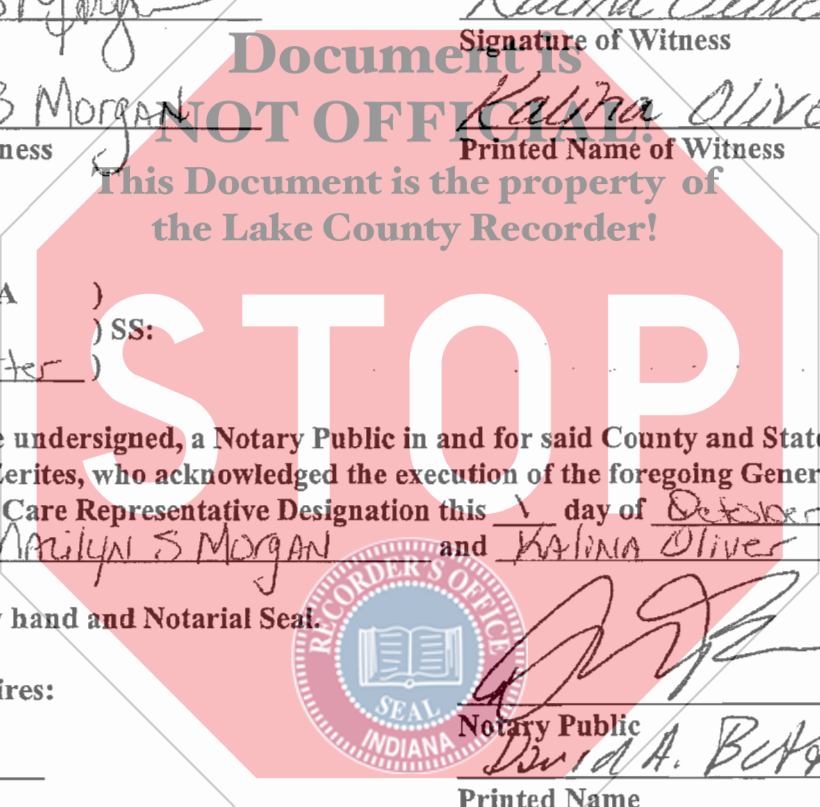
We saw Christine Zerites, in our presence, sign this instrument at its end; she then declared it to be her General Durable Power of Attorney and Health Care Representative Designation and requested us to act as witnesses to it; we believed her to be of sound mind and memory and not under duress or constraint of any kind; and then we, in her presence and in the presence of each other, signed our names as attesting witnesses; all of which was done on the date of this instrument.

Marilyn S Morgan
Signature of Witness

Kalina Oliver
Signature of Witness

Marilyn S Morgan
Printed Name of Witness

Kalina Oliver
Printed Name of Witness



STATE OF INDIANA)
) SS:
COUNTY OF Porter)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Christine Zerites, who acknowledged the execution of the foregoing General Durable Power of Attorney and Health Care Representative Designation this 1 day of October, 2011, and further appeared Marilyn S Morgan and Kalina Oliver as Witnesses thereto.

WITNESS my hand and Notarial Seal.

My Commission Expires:

11/30/16



David A. Butterfield
Notary Public
Printed Name
Resident of Porter County.

PREPARED BY: Attorney David A. Butterfield of the Law Office of David A. Butterfield, 11 Lincolnway, Valparaiso, Indiana 46383.

POWER OF ATTORNEY

I, Christine Zerites, of Lake County, State of Indiana, do hereby designate, Katherine D. Butterfield, of Porter County, State of Indiana, to serve as my true and lawful attorney in fact or agent and hereby authorize that he have the following powers:

- to make, draw and endorse 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 right as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;
- to represent me in all matters pertaining to my personal business of any kind in which I may have any interest;
- to obtain copies of any checks, transfers or activity in all checking, savings or other accounts and to make changes of any kind;
- to bargain for, contract, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature;
- to execute instruments to effectuate the transfer of title to any asset owned by me;
- to purchase, sell, mortgage, convey and lease any interest in real estate wherever located which I may be owner now or hereafter which property is described as follows: Real estate and improvements located at 1707 West 93rd Avenue in the City of Crown Point, County of Lake, State of Indiana

I hereby ratify and confirm all that my said attorney in fact or agent shall transact on my behalf according to this document and understand that this document shall remain in full force and effect until revoked by me in writing.

By execution of this document, I hereby revoke all previously-dated Powers of Attorney.

I further state that this Power of Attorney shall not be affected by my incompetence.

IN WITNESS WHEREOF I have hereunto set my hand and seal on this 1 day of October, 2011.

Christine Zerites
Christine Zerites

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, a Notary Public in and for said County and State, personally appeared Christine Zerites and signed the foregoing document titled "Power of Attorney" on this, the 1 day of October, 2011. WITNESS my hand and official seal on the date stated above.

My Commission Expires:
May 4, 2014



Marilyn S. Morgan
Notary Public
Marilyn S. Morgan
Printed Name
Resident of Porter County

THIS DOCUMENT PREPARED BY: Attorney David A. Butterfield of the Law Office of David A. Butterfield, 11 Lincolnway, Valparaiso, Indiana 46383.

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.

**Zachary C. Ingle, Drew Simmons Vornheim, LLP*
736 Hancock Place, Suite 200, Carmel, IN 46032