POWER OF ATTORNEY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 069889

2015 OCT 14 AM 11: 22

JANET C. KOMPIER

MICHAEL B. BROWN

RECORDER
This is to certify that this is a true and exact copy of the original instrument.

BT1500702

ARTICLE I

CHICAGO TITLE

BY

DESIGNATION OF AGENT

I, JANET C. KOMPIER, of Whiting, Indiana, being a mentally competent adult, do hereby designate and appoint my daughter JILL KNIGHT, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent giving 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.

This Document is the property of

If my Attorney-in-Fact as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act, or become unavailable, I then and do hereby designate and appoint daughter MICHELLE KOMPIER and/or my daughter NICOLE BATEMAN as my successor Attorneys-in-Fact. MICHELLE KOMPIER or NICOLE BATEMAN may act independently and individually as my Agents pursuant to this Power of Attorney.

ARTICLE II

REVOCATION OF PRIOR POWERS

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

ARTICLE III

GENERAL ASSET AND FINANCIAL POWERS

My Attorney-in-Fact is authorized, in her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated under the following sections of the Indiana Code governing Powers of Attorney:

IC § 30-5-5-2

Conferring general authority with respect to real property transactions.

nmm

Power Of Attorney – JANET C. KOMPIER Page 2 of 6

IC § 30-5-5-3	Conferring general authority with respect to tangible personal property transactions.
IC § 30-5-5-4	Conferring general authority with respect to bond, share and commodity transactions.
IC § 30-5-5-4.5	Conferring general authority with respect to retirement plans.
IC § 30-5-5-5	Conferring general authority with respect to banking transactions.
IC § 30-5-5-6	Conferring general authority with respect to business operating transactions
IC § 30-5-5-7	Conferring general authority with respect to insurance transactions.
IC § 30-5-5-7.5	Conferring general authority with respect to the handling of transfer on death transfers and payable on death transfers.
IC § 30-5-5-8	Conferring general authority with respect to beneficiary transactions.
IC § 30-5-5-9	Conferring general authority with respect to gift transactions.
	(Notwithstanding the foregoing, there shall be no limitation on the size or value of any gifts made by my Agents, including any gifts made to my Agents.)
IC § 30-5-5-10	Conferring general authority with respect to fiduciary transactions.
IC § 30-5-5-11	Conferring general authority with respect to claims and litigation.
IC § 30-5-5-12	Conferring general authority with respect to family maintenance.
IC § 30-5-5-13	Conferring general authority with respect to benefits from military service.
IC § 30-5-5-14	Conferring general authority with respect to records, reports, and statements.
IC § 30-5-5-15	Conferring general authority with respect to estate transactions.
IC § 30-5-5-18	Conferring general authority with respect to delegating authority.
IC § 30-5-5-19	Conferring general authority with respect to all other matters.

Power Of Attorney – JANET C. KOMPIER Page 3 of 6

I hereby incorporate by reference all the powers granted an Attorney-in-Fact under Indiana Code Sections 30-5-5-2 through 30-5-5-15 and Indiana Code Sections 30-5-5-18 through 30-5-5-19 and grant these powers to JILL KNIGHT or her successors under this document.

ARTICLE IV

MEDICAID PLANNING

In addition to the foregoing, my Attorney-in-Fact shall have the authority to do Medicaid planning and transfers on my behalf to protect and preserve my estate from the burdens of long term health care so that Cmay receive benefits from government programs (including Medicaid) including the authority to

- A. Make gifts of art hiel of my assets; is the property of
- B. Purchase assets that are exempt or not counted in determining qualification under the Medicaid resource test:
- C. Loan or transfer assets: and
- D. Create, revoke or amend any trust to qualify for these benefits or to protect my assets from claims or liens of creditors if laws, regulations, rules or administrative interpretations change.



I grant to my acting Power of Attorney the rights granted under the IRS Power of Attorney and Declaration Representative Form 2848 to have access to all of my files and records with the Internal Revenue Service Department, to secure copies of all prior income tax returns filed by me as well as gift tax returns and corporate tax returns filed by me. In addition, in the event that I am incapacitated, my acting Power of Attorney shall have the authority to sign all tax returns required on my behalf. My Power of Attorney is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters, which would include the authority to sign any agreements, consent, or other documents. In addition, I grant my Power of Attorney the right to receive refund checks, the power to sign returns and the power to execute a request for disclosure of tax returns or return information.

ARTICLE VI

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 hereinafter revoke the same in writing, provided further, that the same shall not be affected by my subsequent disability incompetence of tapse of time.

NOT OFFICIAL!

This Document State property of the Lake County Recorder!

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 VIII

NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my property (i.e., Conservatorship), I hereby nominate my Attorney-in-Fact, JILL KNIGHT, hereinabove designated and appointed to be my guardian. In the event that she dies, resigns, or is unable to serve, then I nominate MICHELLE KOMPIER and NICOLE BATEMAN as my alternate guardians.

ARTICLE IX

EFFECTIVE DATE

This power of attorney shall become effective upon this 6th day of September, 2012.

Power Of Attorney – JANET C. KOMPIER Page 5 of 6

ARTICLE X

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 his heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary), and from all blaims 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 willful 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 shall deem appropriate. Each photocopy shall have the same force and effect as any original.
- 5. If any part or 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 in any way affecting the remaining parts or provisions of this instrument.
- 6. This instrument, and actions taken by not Attorney-in-Fact properly authorized hereunder, shall be binding upon inc. my hers, successors, assigns, legatees, guardians and personal representatives.
- 7. I direct that this Power of Attorney be given full faith and credit in all of the fifty (50) states of the United States of America, and be honored by all banking institutions and brokerage firms regardless of the state laws in which the financial institution is located. I further direct my Power of Attorney to take whatever action is necessary to conduct my business throughout the United States of America with this valid Power of Attorney and in any foreign country in which I hold assets.

Power Of Attorney – JANET C. KOMPIER Page 6 of 6

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this <u>6th</u> day of <u>September</u>, 2012.

JANET C. KOMPIER

STATE OF INDIANA COUNTY OF LAKE

SS: Document is NOT OFFICIAL!

Before me, the rundersigned as Notacy Rublic in and for said County and State, personally appeared JANET G. KONPIER, who acknowledged the execution of the foregoing General Durable Power of Attorney this 6th day of September, 2012.

WITNESS my hand and notarial seal.

Gary P. Bonk, Notary Public

My Commission expires:

January 25, 2019



Resident of Lake County

Figure 1966 State 1815 to perjury, that I have taken reasonable care to redact each

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_____