

General Durable Power of Attorney

By this General Durable Power of Attorney, I 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.

I, **Noonan "Ed" Rogers** of Lake County, State of Indiana, being at least 18 years of age, and mentally competent, I hereby designate my son, **David Little** and my daughter, **Peggy Mock**, my true and lawful Co-attorneys in fact each having the authority to act individually and independently to exercise every type of authority listed in this Durable Power of Attorney. In the event that my son or daughter, **David or Peggy** cannot serve, I hereby direct that the other shall continue in their stead.

Section I POWERS

I give to my above-named attorney-in-fact, including any successor attorney(s)-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, and to open, inspect, inventory, place items in or remove items from, and close the safety deposit boxes.
- 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 provided that references in I.C. 30-5-5-7(a)(2) and (3) to "section 8" are changed to "section 9".
- H. **TRANSFER ON DEATH TRANSFERS.** Authority with respect to transfer on death or payable 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.



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MICHAEL B. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
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- J. **GIFTS.** Authority with respect to gift transactions pursuant to I.C. 30-5-5-9.
- 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, and statements 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 that taxing authority on any return or issue.
- P. **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15.
- Q. **DELEGATING AUTHORITY.** Authority with respect to delegating authority in writing to one (1) or more persons as to any or all powers given to the attorney-in-fact by this General Durable Power of Attorney document, pursuant to I.C. 30-5-5-18.
- R. **HEALTH CARE MATTERS.** Authority with respect to any issues or information relating to my health care, physician and hospital documentation, hospital and physician records, pursuant to I.C. 16-36-1, I.C. 16-36-1.5, and I.C. 30-5 et seq. I hereby specifically authorize my attorney-in-fact to have the access that I would have if I had the capacity to act. And to make any end of life decisions pursuant to statute. My attorney in fact shall be authorized to appoint a Patient Advocate for me which may be one or more of my attorneys-in-fact or any other person so designated by my attorneys-in-fact. My Patient Advocate shall have the same right to ask questions and receive information regarding my medical condition, treatment, and any proposed treatment as I would have, and the right to be in attendance at all times. My attorneys-in-fact are also authorized 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.
- S. **ALL OTHER MATTERS.** Authority with respect to all other possible matters and affairs affecting property owned by me pursuant to Indiana Code.



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 on the 26 day of August, 2015 and shall not be affected by my subsequent disability or incapacity.

**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, 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
AUTHORITY OF SUCCESSOR ATTORNEY-IN-FACT**

- A. Any attorney-in-fact hereunder shall be considered to fail to serve, or cease to serve, when:
1. The attorney-in-fact dies;
 2. the attorney-in-fact resigns;
 3. the attorney-in-fact is adjudged incapacitated by a court;
 4. the attorney-in-fact cannot be located upon reasonable inquiry;
 5. the attorney-in-fact, if at one time the principal's spouse, legally is no longer the principal's spouse; or
 6. 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.

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the Lake County Recorder.

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

Also, 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.



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, and, to have responsibility for the care, custody, and supervision of my physical person.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26 day of August, 2015.

Noonan "Ed" Rogers
Noonan "Ed" Rogers

We saw, in our presence, Noonan "Ed" Rogers, sign this instrument at its end; he then declared it to be his General Durable Power of Attorney and requested us to act as witnesses to it; and then we, in his presence, and in the presence of each other, signed our names as attesting witnesses.

Shauna M. Lange Valparaiso, In
Name

SL Schoreville, In
Name

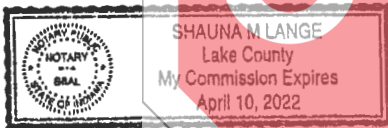
STATE OF INDIANA
COUNTY OF LAKE

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Before me the undersigned the Notary Public in and for the State of Indiana, personally appeared Noonan "Ed" Rogers, who acknowledged the execution of the foregoing General Durable Power of Attorney and delivered said instrument as his free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial Seal this 26 day of August, 2015.



My Commission Expires:
4/10/22

SL
Shauna M. Lange, Notary
Resident of Lake County, Indiana