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DURABLE POWER OF ATTORNEY

MICHAEL B. BROWN
RECORDER

OF

MARY ANN SZAFARCZYK

By virtue of this document, I the undersigned, Mary Ann Szafarczyk, presently domiciled and residing at 6834 Arizona Avenue, Hammond, Lake County, Indiana 46323, phone: (773) 544-7392 (home), hereby revoke any existing powers of attorney and do now appoint my son, Donald J. Szafarczyk (spouse of Susan Szafarczyk), presently domiciled and residing at [REDACTED], phone: (773) 422-4055 (home), and my daughter, Paula D. Govert (spouse of Russell Govert), presently domiciled and residing at [REDACTED], phone: [REDACTED] (home) and [REDACTED] (cell), as my lawful attorneys-in-fact for me. The purpose of this Durable Power of Attorney is to allow my attorneys-in-fact to assist me with handling any and all of my personal affairs and property and to conduct financial and estate planning on my behalf directed to the end of developing and implementing a plan to fund the cost of my long term health care, whether through my own resources and income or benefits available through public assistance programs which may assist in the payment of such health care cost. Because it is my strong desire to transfer as much of my property as is legally possible to the beneficiaries of my estate plan, I direct that these powers be utilized in such a manner as to reduce my estate tax liabilities and preserve my assets and income for the use and benefit of my beneficiaries, rather than depleting the same for the cost of my care, provided, in the sole discretion of my attorneys-in-fact, other means are available, through public assistance programs or otherwise, to adequately fund my long term health care costs. To this end, my attorneys-in-fact may exercise these powers without any prohibition against self-dealing. The pronouns "they," "them" or "their" are understood to mean Donald J. Szafarczyk and Paula D. Govert, and replace the term "attorneys-in-fact" in the provisions of this document. They may act individually and/or jointly in my name, place, stead, and on my behalf for my use and benefit in all of the following:

- 1) They are empowered to ask for, demand, sue for, recover, and receive all manner of goods, chattels, debts, rents, interest, sums of money, and demands whatsoever that are rightly due, owing or belonging to me.

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They may make, give and execute acquittances, receipts, releases, satisfactions, or other discharges for the same, whether under seal or otherwise.

2) They are empowered to make, execute, accept, receive, sign, seal, endorse, acknowledge and deliver in my name or in their names all checks, notes, bonds, vouchers, drafts, warrants, certificates, acknowledgments, agreements, receipts and all other written instruments of any nature which may seem necessary to protect my interests.

3) They are empowered to make, endorse, accept, receive, sign, seal, execute, acknowledge and deliver any and all contracts, deeds, leases, assignments, extensions, mortgages, satisfactions or releases of mortgage, security agreements, hypothecations, subordination agreements and any other instrument or agreement of any kind connected with these matters. This is to affect any and all property presently mine or hereafter acquired in matters which they may deem necessary or advantageous to my interests. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.)

4) They are empowered to enter into and take possession of all or a portion of any of my lands, real estate, tenements, houses, stores or buildings that become vacant. (This also applies to any holdings to which I may be or may become entitled.) They may lease the same in such a manner as is necessary and proper, as well as renew leases. They may also collect for my use and in my name all or any rents, profits, or issues of any real estate.

5) They are empowered to conduct any and all business matters existing now and in the future that I may be empowered to conduct in any capacity including, but not limited to, shareholder, officer, partner and/or sole proprietor.

6) They are empowered to conduct any and all matters existing now and in the future that I may be empowered to conduct as beneficiary of any estate and/or trust.

7) They are empowered to enter any safety deposit box bearing my name for any purpose, including, but not limited to, the removal or addition of any items.

8) If circumstances require, they may prosecute, institute, litigate, defend, maintain, continue, compromise, arbitrate, or dispose of any legal, equitable or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

9) They are empowered to take any and all steps and remedies necessary and proper for the conduct, preservation and management of my business affairs, including, but not limited to, the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

10) They are empowered to prepare, receive, execute and file income, gift, estate, or other tax returns as well as any and all other tax related governmental reports, applications, requests, information and documents concerning my tax affairs and to represent me in any and all tax proceedings. They are also expressly empowered to prepare, receive, execute and file any and all non-tax related governmental reports, applications, requests, information and documents concerning my non-tax related affairs including, but not limited to, any and all matters concerning the Social Security Administration, Medicare, Medicaid and/or the Department of Veterans Affairs.

11) They are empowered to buy, sell, change title, otherwise transfer ownership (including transfer of ownership to themselves), and/or exercise any and all incidents of ownership including but not limited to designations of beneficiaries of any and all of my property, whether real, personal, or mixed, tangible or intangible, including but not limited to real estate, furniture and household goods, automobiles and other types of vehicles, personal effects, collections, life insurance, securities, bonds, notes, stocks of corporations regardless of class, savings and checking accounts, qualified corporate and noncorporate retirement plans [including but not limited to pension plans, profit-sharing plans, HR-10 (Keogh) plans, Simplified Employee Pension (SEP) plans, individual retirement trust agreements and individual retirement accounts], money market funds, and certificates of deposits. They shall be empowered to vaticate any life insurance policy that I may own upon my life. They shall not, however, have any authority to deal with any insurance that I may own upon their lives.

12) They are empowered to borrow money for any purpose and to

mortgage or pledge any of my property.

13) They are empowered to do any and all acts related to estate planning on my behalf, including, but not limited to, the authority and power to gift in my name to themselves and/or others in amounts that exceed Eleven Thousand and 00/100 Dollars (\$11,000.00) per year per person. Any such gifts shall be made in a pro rata manner consistent with who would receive my assets pursuant to (1) my then existing estate plan, if I have one, or (2) the then existing laws of intestate succession if I was deceased and had not established an estate plan prior to my death.

14) They are expressly authorized to create, revoke, or amend trusts in my name and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust or the provisions of any trust that I may establish. **THEY ARE ALSO EXPRESSLY AUTHORIZED TO EXERCISE ANY AND ALL POWERS THAT I MAY EXERCISE AS TRUSTEE OF ANY TRUST FOR WHICH I AM THE SETTLOR, BENEFICIARY AND TRUSTEE.**

15) They shall be empowered to disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

16) They are empowered to disclaim gifts, inheritances, or other transfers to me.

17) They are empowered to purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and to borrow funds to make such purchases.

18) They are empowered to act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

19) They are empowered to perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, among other things, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral

only, including appropriate provision for my dependents.

20) They shall have the power and authority to do, execute, perform, and finish for me and in my name all those things expedient and necessary in their judgment regarding matters concerning my affairs, as fully as if I were personally present. I hereby confirm and ratify whatever they shall do or cause to be done in, about or concerning my affairs or any part of them.

21) This instrument is to be construed and interpreted as a general Durable Power of Attorney with respect to the following, as defined by Indiana Code 30-5-5-1, et seq. (and/or as defined by the corresponding laws of any other state or country involved with the conduct, preservation and/or management of my business and/or personal affairs if that state or country, my attorneys-in-fact, and/or those involved with the conduct, preservation and/or management of my business and/or personal affairs in that state or country will not or cannot recognize and honor the laws of the State of Indiana): real property transactions, including the power to purchase any type of real property that is considered or can be made an exempt resource under Medicaid rules; tangible personal property transactions, including the power to purchase any type of personal property that is considered or can be made an exempt or unavailable resource under Medicaid rules; bond, share, and commodity transactions, including the purchase and sell bonds and commodities, including U.S. Government bonds; banking transactions; business operating transactions; insurance transactions; beneficiary transactions; gift transactions; fiduciary transactions; claims and litigation; family maintenance; benefits from military service; records, reports, and statements; estate transactions; health care transactions including the power to consent to or refuse health care on my behalf if (and only if) my attorneys-in-fact are also appointed as my health care representatives in the Designation of Health Care Representatives which more specifically sets forth said power and is attached to this Durable Power of Attorney and incorporated herein by this reference; delegation authority; as well as all other matters. Thus the listing of specific items, rights, acts, or powers in this document is not intended to, nor does it, limit or restrict the attorneys-in-fact, and it is not to be construed or interpreted as limiting or restricting their rights, powers, and authority.

22) The provisions of this Durable Power of Attorney shall be deemed severable, and the invalidity or unenforceability of any one or more of its provisions shall not affect the validity and enforceability of any other

provisions. Whenever necessary and where the context admits in this document, the singular term and the related pronoun shall include the plural, and the masculine shall include the feminine and neuter, and vice versa. This document may be executed in any number of counterparts, and each counterpart shall be deemed to be an original instrument. The provisions of this Durable Power of Attorney shall bind and inure to the benefit of myself and my heirs, successors, assigns, and personal representatives.

23) Uncertainty concerning whether or not I have died does not revoke or terminate the powers herein granted to my attorneys-in-fact if they have no knowledge of my death and act in good faith pursuant to this Durable Power of Attorney. Any action so taken, unless otherwise invalid or unenforceable, binds and inures to the benefit of myself and my heirs, successors, assigns, and personal representatives, as if I were alive at the time the action was taken.

24) An affidavit executed by my attorneys-in-fact stating that they did not have, at the time of doing an act pursuant to this Durable Power of Attorney, knowledge of revocation or termination of this Durable Power of Attorney is, in the absence of fraud, conclusive proof of the nonrevocation or nontermination of the power at that time. If the exercise of the power requires execution and delivery of any instrument which is recordable, the affidavit when authenticated for record is likewise recordable.

25) The rights, powers and authority granted to my attorneys-in-fact in this instrument shall commence and be in full force and effect on the 24th day of May, 2005, and such rights, powers and authority shall remain in full force and effect thereafter until I, Mary Ann Szafarczyk, give notice in writing that such power is terminated. This Durable Power of Attorney shall not be affected by my subsequent disability or incapacity, or lapse of time. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my attorneys-in-fact under this power be appointed to that office.

26) Upon any terms or limitations specified, my attorneys-in-fact may substitute another or others in their place as my attorney(s)-in-fact under this instrument; remove a substitute and revoke any delegation of authority and make further substitutions and other delegations; engage and dismiss

agents, counsel, or employees and appoint and remove any successor, substitute, or agent; and delegate one or more of any of the powers granted in this instrument to one or more other persons.

27) Apart from the purpose of this Durable Power of Attorney described in the initial paragraph on page 1 and the powers described in paragraph 13 on page 4 and in paragraph 21 on page 5, it is not my intention to grant any beneficial interest in my estate by this instrument but to grant to my attorneys-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and [except (1) for the provision of reasonable compensation for services rendered, (2) to fulfill the purpose of this Durable Power of Attorney described in the initial paragraph on page 1, and (3) in exercising the authority granted in paragraph 13 on page 4 and in paragraph 21 on page 5] not for the personal benefit of my attorneys-in-fact.

28) This Durable Power of Attorney is executed and delivered in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law (and/or the corresponding laws of any other state or country involved with the conduct, preservation and/or management of my business and/or personal affairs in that state or country, my attorneys-in-fact, and/or those involved with the conduct, preservation and/or management of my business and/or personal affairs in that state or country will not or cannot recognize and honor the laws of the State of Indiana).

29) In the event of the death, disappearance, disability, incapacity, or resignation of either of my primary attorneys-in-fact, the appointment of the agent(s) named below (whether one or more) as my alternate attorney(s)-in-fact to serve individually and/or jointly with my remaining primary attorney-in-fact shall become absolute the same as if the other primary attorney-in-fact had not been appointed. Similarly, in the event of the death, disappearance, disability, incapacity, or resignation of both of my primary attorneys-in-fact, the appointment of the agent(s) named below (whether one or more) as my sole alternate attorney(s)-in-fact shall become absolute the same as if the primary attorneys-in-fact had not been appointed. The disappearance of my primary attorney(s)-in-fact may be established by the affidavit of one or more of the agents named below. The disability or incapacity of either of my primary attorneys-in-fact may be established by the certificate of a qualified physician stating that the primary attorney-in-

fact is unable to manage his or her own affairs. Any person dealing with my alternate attorney(s)-in-fact shall be fully protected and free from liability for any payment, application, or accumulation made or other action taken in reliance upon (a) such an affidavit of disappearance, (b) such a certificate of disability or incapacity, or (c) reasonable written evidence of death or resignation. The authority of my alternate attorney(s)-in-fact shall continue and be exclusive even if the first named attorney(s)-in-fact shall reappear after a disappearance or recover after a disability or incapacity. In the alternative, and upon all of the conditions expressed above, I appoint the following, whether one or more, and, if more than one, collectively and when acting jointly, or the survivor(s) of them, as my alternate attorney(s)-in-fact:

Alfred D. Szafarczyk (my son)
(spouse of Susan Szafarczyk)
677 Slalom Lane
County of Porter
Valparaiso, Indiana 46383
Phone: (219) 464-4881 (home)
(219) 508-5391 (cell)

Notwithstanding the preceding provisions of this paragraph 29, no alternate attorney-in-fact appointed hereunder shall be authorized to exercise any powers as my Health Care Representative unless said alternate attorney-in-fact is also contemporaneously appointed as my alternate Health Care Representative pursuant to the Designation of Health Care Representatives attached to this Durable Power of Attorney and incorporated herein by this reference.

DATE: May 24, 2005 
MARY ANN SZAFARCZYK

(The balance of this page is intentionally left blank.)

WITNESS: Long haul
208 Chicago
Vesperian, Indiana

WITNESS: Caren M. Greene
924 S. Linda St
Hobart, Indiana

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STATE OF INDIANA)
COUNTY OF PORTER)

SS:

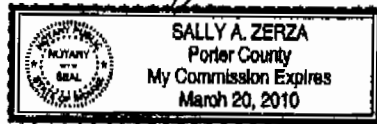
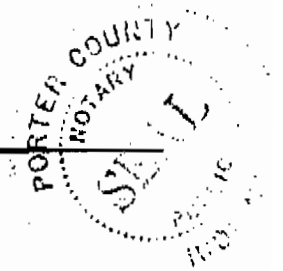
Mary Ann Szafarczyk, known to me, and known by me to be the principal in the foregoing Durable Power of Attorney, appeared before me, a Notary Public in and for this County and State, and acknowledged her signature on the said Durable Power of Attorney while indicating that the same was given freely and voluntarily, without fraud, duress or undue influence.

WITNESS my hand and notarial seal this 24th day of May, 2005.



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Sally A. Zerza



The attorneys-in-fact represent and warrant that within their knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

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the Lake County Recorder
DONALD J. SAFARCYK
Primary Attorney-In-Fact

Paula D. Govert
PAULA D. GOVERT
Primary Attorney-In-Fact

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ALFRED D. SZAFARCZYK
Alternate Attorney-In-Fact
(To Be Signed Only If
Alternate Becomes Attorney-
In-Fact)



This Instrument Prepared By:

Donald J. Evans
Attorney and Counselor at Law
Seven Napoleon Street
Valparaiso, Indiana 46383
Phone: (219) 462-5128
Attorney Number 6746-64