

DECLINATION OF AGENT UNDER DURABLE SPRINGING POWER OF ATTORNEY

1. On June 22, 2011 PAUL D. LANGFORD signed the attached Durable Springing Power of Attorney.
2. On September 22, 2015 PAUL D. LANGFORD was declared incapacitated. See attached Physicians' Statement.
3. The said Durable Springing Power of Attorney provides that PEARL L. LANGFORD should serve as the true and lawful attorney-in-fact for PAUL D. LANGFORD in the event of his incapacitation.
4. PEARL L. LANGFORD hereby declines to serve as the true and lawful attorney-in-fact for PAUL D. LANGFORD.
5. The said Durable Springing Power of Attorney provides that in the event PEARL L. LANGFORD is unwilling or unable to serve, then KAREN LYNN VOLK shall serve as the true and lawful attorney-in-fact for PAUL D. LANGFORD.
6. This Declination is executed on this 23rd day of October, 2015.



2015 OCT 23 10 48 73 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2016 AUG -2 AM 8:43

Pearl L. Langford

Pearl L. Langford

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)



Before me, a Notary Public in and for said County and State, personally appeared PEARL L. LANGFORD, who acknowledged the execution of the foregoing Declination of Agent, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 23rd day of October, 2015.

(SEAL) ROBERT G SKADBERG JR.
NOTARY PUBLIC
SEAL
PORTER COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES: 05/03/2019

Robert G. Skadberg Jr.

Notary Public

This Instrument Prepared By: Clifford J. Rice, Rice & Rice Attorneys, 100 Lincolnway, Ste 1, Valparaiso, IN 46383; 219-462-0809.

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DURABLE SPRINGING POWER OF ATTORNEY

I, PAUL D. LANGFORD, individually and as Trustee of the trust referenced herein, and being at least 18 years of age and mentally competent, do hereby appoint PEARL L. LANGFORD to serve as my true and lawful attorney-in-fact (my "Agent").

I revoke any and all Powers of Attorney created by me prior to this date.

If PEARL L. LANGFORD cannot act, or is unwilling to act, then PEARL L. LANGFORD shall be replaced with the following successor agent:

KAREN LYNN VOLK

Giving to my Agent the power to accomplish the following acts in my name and for my benefit, as follows:

I confer upon said ~~attorney-in-fact, my Agent,~~ the authority under I.C. 30-5-5 as set forth herein.

This Document is the property of the Lake County Recorder.
The authority granted ~~to the Agent hereunder~~ **is effective when I am disabled, as determined pursuant to the terms of my revocable living trust below:**

PAUL D. LANGFORD and PEARL L. LANGFORD, Trustees, or their successors in trust, under the PAUL D. LANGFORD LIVING TRUST, dated June 22, 2011, and any amendments thereto.

Presentation of an Affidavit of Trust by the Trustees of my revocable living trust describing the terms and conditions which establish my disability, and that such terms and conditions have been satisfied, shall serve as conclusive evidence of my disability.

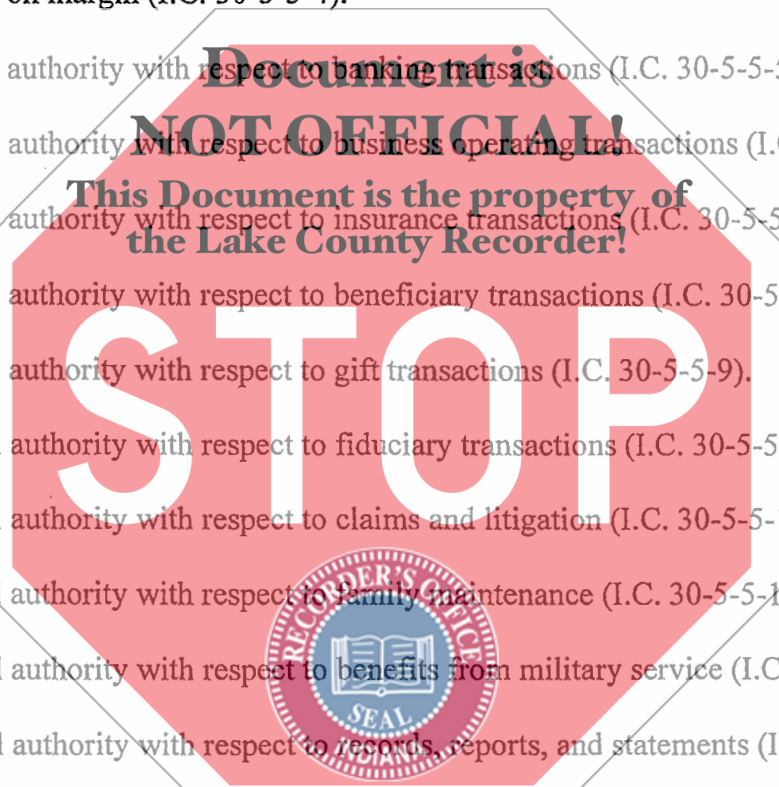
1. My Agent may receive funds from the Trustee of my revocable living trust, and make distribution of said funds pursuant to the powers granted herein. My Agent is also authorized to direct my Trustee to make a distribution pursuant to the powers reserved by me in said Trust to amend, revoke, or withdraw from my Trust. The formal name of my revocable living trust is as follows:

PAUL D. LANGFORD and PEARL L. LANGFORD, Trustees, or their successors in trust, under the PAUL D. LANGFORD LIVING TRUST, dated June 22, 2011, and any amendments thereto.

2. Authority to receive confidential information; to prepare, sign, and file tax return forms 1040, 1040X, IT40, and IT40X for any and all years, past, present or future; and to, at any time, perform any and all other acts before the taxing authorities of

any jurisdiction, including specifically the execution of Internal Revenue Forms 2848 and 8821, the Indiana Department of Revenue Power of Attorney Form 48 (or any successors thereto), and such other authorization forms as may be necessary to carry out the purposes of this delegation of authority.

3. General authority with respect to real property transactions (I.C. 30-5-5-2).
4. General authority with respect to tangible personal property transactions (I.C. 30-5-5-3).
5. General authority with respect to bond, share, and commodity transactions excluding any authority to purchase calls or commodities or to purchase any security on margin (I.C. 30-5-5-4).
6. General authority with respect to banking transactions (I.C. 30-5-5-5).
7. General authority with respect to business operating transactions (I.C. 30-5-5-6).
8. General authority with respect to insurance transactions (I.C. 30-5-5-7).
9. General authority with respect to beneficiary transactions (I.C. 30-5-5-8).
10. General authority with respect to gift transactions (I.C. 30-5-5-9).
11. General authority with respect to fiduciary transactions (I.C. 30-5-5-10).
12. General authority with respect to claims and litigation (I.C. 30-5-5-11).
13. General authority with respect to family maintenance (I.C. 30-5-5-12).
14. General authority with respect to benefits from military service (I.C. 30-5-5-13).
15. General authority with respect to records, reports, and statements (I.C. 30-5-5-14).
16. General authority with respect to estate transactions (I.C. 30-5-5-15).
17. General authority to delegate in writing all or any of the authority granted herein (I.C. 30-5-5-18).
18. General authority to perform any and all acts and execute any and all documents not herein excluded the same as I might do were I then present and competent (I.C. 30-5-5-19).



19. My Agent shall have the power to treat all interests which I may have in employee benefit trusts as described in I.C. 30-4-3-2(c), nonqualified deferred compensation arrangements and Individual Retirement Accounts and Annuities as beneficiary transactions coming within the scope of (I.C. 30-5-5-8).
20. To communicate with any and all lawyers that may have represented me in the past, present or future and any communications with my attorney-in-fact shall be treated the same as though the lawyer was communicating with me and any decisions made by the attorney-in-fact shall be treated as though they were decisions made by me.
21. My Agent may make a gift or gifts on my behalf at any time or times of any or all of my assets, cash, property or interests in property, including any right to change the beneficiary on any policy of life insurance I may own, to or for the benefit of those beneficiaries, and in the same proportions, who would receive distributions under my above-listed revocable living trust, were I to be considered deceased as of the date of the gift(s), for the purposes my Agent considers to be in my best interest, including, without limitation, the minimization of income, estate, inheritance or gift taxes. Gifts may be made either outright or through other funding vehicles, including, without limitation, irrevocable trusts, charitable lead or charitable remainder trusts, family limited partnerships and limited liability companies. My Agent shall not be limited by the annual federal gift tax exclusion, as that term is defined in the Internal Revenue Code at the time of the gift, and is specifically authorized to make a gift or gifts in excess of said exclusion.
22. The creation of any trust or trusts.
23. To make a transfer pursuant to I.C. 30-2-8-5, commonly known as the Indiana Uniform Transfers to Minors Act, or under any similar law of another jurisdiction.
24. To disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, estate or intestate succession; to release or abandon any property or powers which I may now or hereafter own, including any interests in or rights over trusts (including the right to alter, amend, revoke, or terminate). In exercising such discretion, my Agent may take into account such matters as shall include, but shall not be limited to, any reduction in estate or inheritance taxes on my estate, the effect on my public benefits to which I may be or may become entitled, and the effect of such renunciation or disclaimer upon persons who receive the renounced or disclaimed property.
25. The use of any financial and estate planning devices I, myself, might use were I personally present, competent and acting in my own behalf.

- 26. To purchase any type of property that is considered to be an exempt resource under 405 IAC 2-3-15, the Indiana Client Eligibility System (ICES) Program Policy Manual or any federal or state law, regulation, rule, or mandate affecting public benefits in the state of Indiana.
- 27. To purchase, from a reputable insurance company, a non-assignable, non-cancelable single premium, irrevocable straight life commercial annuity.
- 28. I have executed this Power of Attorney not only individually, but also as Trustee of the PAUL D. LANGFORD LIVING TRUST dated June 22, 2011, and any amendments thereto, and it is my intention pursuant to said Trust, that my Agent have all of the rights, powers and discretion as Trustee of my Living Trust as though I were personally present.
- 29. I further delegate to my attorney-in-fact any and all authority or powers I may have, now or in the future, as acting Trustee in and to any and all Trusts.

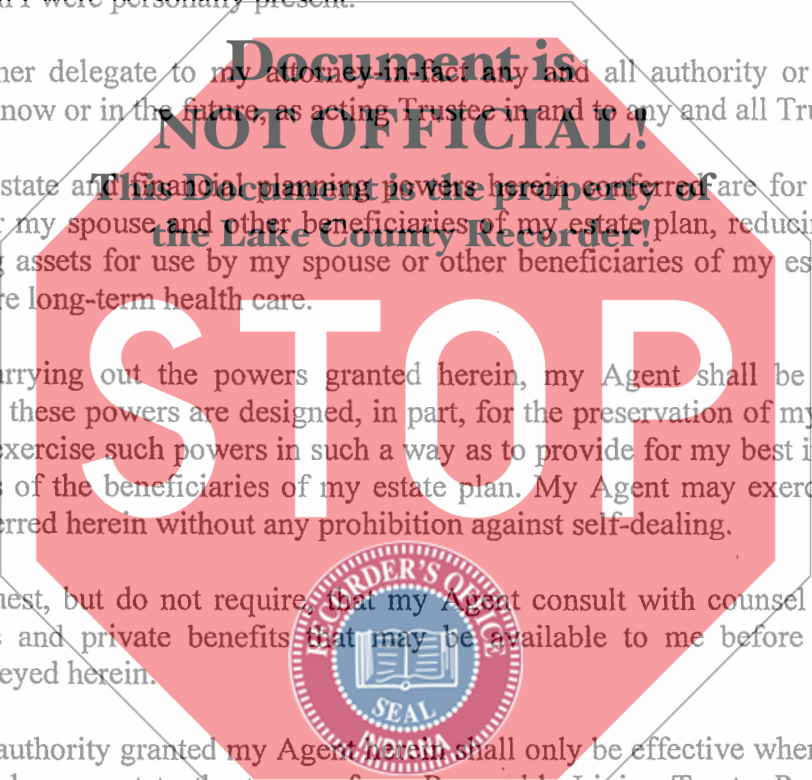
The estate and financial planning powers herein conferred are for the purpose of providing for my spouse and other beneficiaries of my estate plan, reducing tax liability, or preserving assets for use by my spouse or other beneficiaries of my estate plan in the event I require long-term health care.

In carrying out the powers granted herein, my Agent shall be guided by the standard that these powers are designed, in part, for the preservation of my assets and my Agent shall exercise such powers in such a way as to provide for my best interests and the best interests of the beneficiaries of my estate plan. My Agent may exercise any and all powers conferred herein without any prohibition against self-dealing.

I request, but do not require, that my Agent consult with counsel knowledgeable about public and private benefits that may be available to me before exercising any powers conveyed herein.

The authority granted my Agent herein shall only be effective when I am disabled, as determined pursuant to the terms of my Revocable Living Trust. Presentation of an Affidavit of Trust by the trustees of my revocable living trust describing the terms and conditions which establish my disability, and that such terms and conditions have been satisfied, shall serve as conclusive evidence of my disability.

If any provision of this Durable Springing Power of Attorney is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this document. The remaining provisions shall be fully severable, and this document shall be construed and enforced as if the invalid provision had never been included in my Durable Springing Power of Attorney.



I have consulted with legal counsel, am fully informed as to all the contents of this document, and understand the full import of the grant of these powers to the person or persons named herein.

I hereby ratify and confirm all that my said attorney-in-fact or agent shall do by virtue hereof. My attorney-in-fact may be reimbursed for expenses, but shall not be entitled to a fee for service provided.

I hereby reserve the right of revocation; however, this Durable Springing Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of the county of my domicile, a written revocation hereof.

IN WITNESS WHEREOF, I have executed this Durable Springing Power of Attorney on June 22, 2011.


PAUL D. LANGFORD, Principal



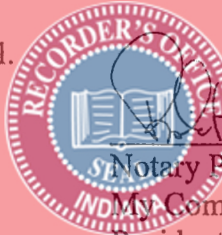
STATE OF INDIANA)
COUNTY OF PORTER) SS:

The foregoing Durable Springing Power of Attorney was signed and acknowledged before me on June 22, 2011, by PAUL D. LANGFORD, Principal.

Witness my hand and Notarial Seal.
(SEAL)



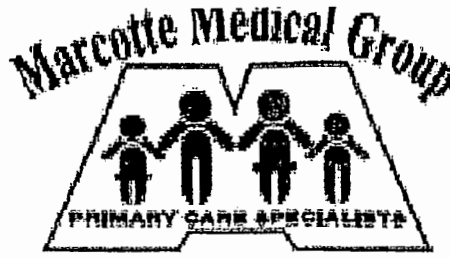
Robert G. Skadberg Jr
Resident Of
Porter County
My Commission Expires:
5/3/2019



Notary Public:
My Commission Expires:
Resident County:

This Document Was Prepared By: Clifford J. Rice, Rice & Rice Attorneys, 100 Lincolnway, Suite 1, Valparaiso, IN 46383, (219) 462-0809.

Board Certified Family Medicine
Sandra Marcotte, DO
Board Certified Family Medicine
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Telephone: 219-365-6333
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Paul Langford

07/29/1937

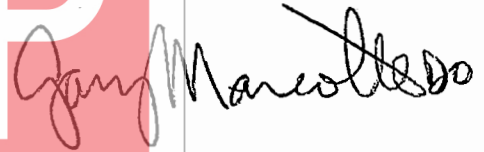
To Whom It May Concern:

**Document is
NOT OFFICIAL!**

Mr. Langford is a current patient at Marcotte Medical Group. Paul has been diagnosed with a severe case of dementia. Paul is incompetent to make day decisions at this time. Karen Volk is Paul's daughter and has power of attorney over Paul if anything were to happen to Pearl Langford, Paul's wife. If there are any questions please contact my office.



Robert Kovachevich DO
Jmd/RK/GM



Gary Marcotte DO
9/22/15

