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DURABLE POWER OF ATTORNEY FOR

TOMMIE J. SMITH

ARTICLE I

Creation

BE IT KNOWN TO ALL, that I, **Tommie (James) Smith ("Principal")**, being of the age of consent of eighteen (18) years or older, with residential address listed as 10814 South Rhodes, Chicago, IL 60628, (Mailing Address: PO Box 241249, Chicago, IL 60624) do hereby designate, establish and appoint **Laura Smith Wynn (my sister)**, of 1474 W 86th Lane, Merrillville, IN 46410 as my official Attorney-in-Fact ("Representative" "Agent") to perform in my name and stead:

I do hereby revoke and/or rescind any "General Power of Attorney" signed by me that was previously in effect. **HOWEVER**, this does not revoke nor invalidate any Power of Attorney that may be directly related to any Advance Health Care Directive previously signed by me.

ARTICLE II

Powers

THEREFORE, it is my wish that my Representative shall have all powers of an absolute ownership, power, and authority to act on my behalf. My Representative shall have complete authority to manage and conduct all my affairs and to exercise all of my legal rights and powers, including any and all rights and powers that I may acquire in the future. My Representative's powers shall include, but are not limited to, the authority to:

Health Care and Wellness

1. Make decisions relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, institutionalization in a nursing home or other facility and home health care.
2. Decisions regarding lifesaving and life prolonging medical treatment.

Financial

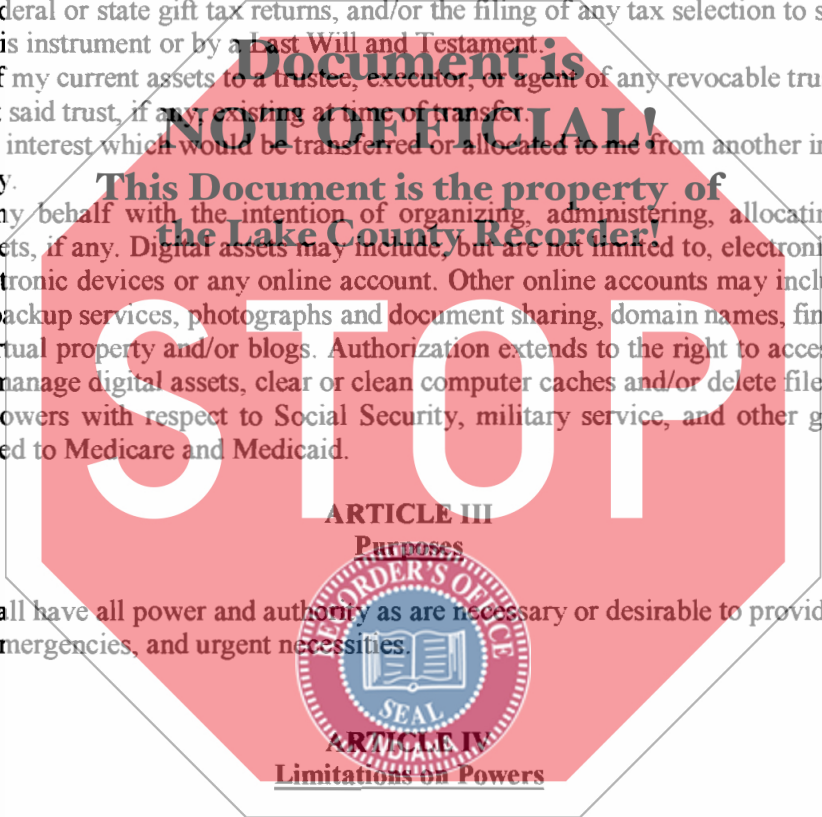
1. Handle and manage any form of bank accounts that are in my name (i.e. opening; closing; signing, transfers etc.) that include, but is not limited to, checking, savings, money market accounts, certificate of deposit and/or individual retirement accounts and any other comparable or related accounts with any financial institution. The aforementioned Representative may conduct and/or perform any manner of transactions as follows:
 - a) The administration of financial business and transactions with any banking or financial institution in relation to all my accounts, with regards to making deposits and withdrawals, opening new accounts, writing and signing checks bearing my name, obtaining and receiving bank statements, money orders, certified checks, drafts, passbooks, and certificates or vouchers payable to me by any individual, professional practice, business, bureau, person, financial institution, or entity.
 - b) Execute steps deemed necessary to make deposits, exchange, convert, sell or transfer any bank note, monies or securities of the U.S.A.
 - c) Have full access to any safe deposit box, as well as any contents contained within.
2. Handle and manage (add, delete, and/or change) any and all beneficiaries with regards to any financial accounts currently within my possession which may include, but is not limited to, any insurance policies, annuities, retirement accounts, savings/checking accounts or other investments.
3. Manage, dispose of by selling or exchanging, acquire by purchasing, investing or reinvesting any assets or property (real or personal) currently owned by me or that which I may own in the future. Assets or property may include, but not limited to, income producing or non-income producing property assets.
4. Purchase and/or maintain any insurance, including that of life insurance on my life or any annuity contracts on my behalf.



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5. Power and authority to initiate, handle or manage any and all legal means deemed necessary on my behalf to ensure the collection of any debt or money owed to me or my estate, as well as to resolve and/or reconcile any outstanding claim, despite whether the claim may be against me or on my behalf against an individual or entity.
6. Initiate, establish and/or enter into any binding contracts that may be deemed necessary.
7. Manage any business that may be under my ownership and control including consent to an extension of the time or payment with respect to commercial paper or a financial transaction with a financial institution
8. Act by proxy to employ and/or carry out any and all stock rights/options that are in any manner related to the purchasing, selling, trading, exchanging and/or transfer of stocks, bonds, commodities, options, debentures and/or other investments on my behalf.
9. Either contract and/or employ any professional or business assistance deemed necessary and appropriate on my behalf, including, but not limited to, the hiring of any accountant or bookkeeper, business administrator, attorney, and/or real estate professional.
10. Conduct or perform any function with regards to any real estate or property currently under my ownership or any which may be later acquired including, but not limited to the managing, leasing, transferring, repairing, improving, insuring, and/or selling on my behalf and to sell or encumber any homestead which I may now own or may later acquire.
11. Obtain, prepare, or to have prepared, sign and file any and all necessary documents from and/or with the appropriate governmental organization or bureau, including right to prepare, sign and file federal income, state, local tax returns or any other tax returns required by a governmental entity on my behalf.
12. Distribute gifts from amongst my assets to any designated individual or charitable organization with whom I may be affiliated, distribute any appropriate gifts for any tax purposes or estate planning, the power and authority for the filing of any federal or state gift tax returns, and/or the filing of any tax selection to split gift with a spouse as specified only by this instrument or by a Last Will and Testament.
13. Convey any of my current assets to a trustee, executor, or agent of any revocable trust having been created by me and that said trust, if any, existing at time of transfer.
14. Renounce any interest which would be transferred or allocated to me from another individual, trust, or other appropriate entity.
15. Perform on my behalf with the intention of organizing, administering, allocating, dispensing and/or terminating digital assets, if any. Digital assets may include, but are not limited to, electronic assets stored on any of my computers, electronic devices or any online account. Other online accounts may include social networking sites, email accounts, backup services, photographs and document sharing, domain names, financial and/or business accounts, websites, virtual property and/or blogs. Authorization extends to the right to access, download, backup, conversation of files, manage digital assets, clear or clean computer caches and/or delete files.
16. Exercise all powers with respect to Social Security, military service, and other governmental benefits, including but not limited to Medicare and Medicaid.



The Representative shall have all power and authority as are necessary or desirable to provide for my support, maintenance, health, emergencies, and urgent necessities.

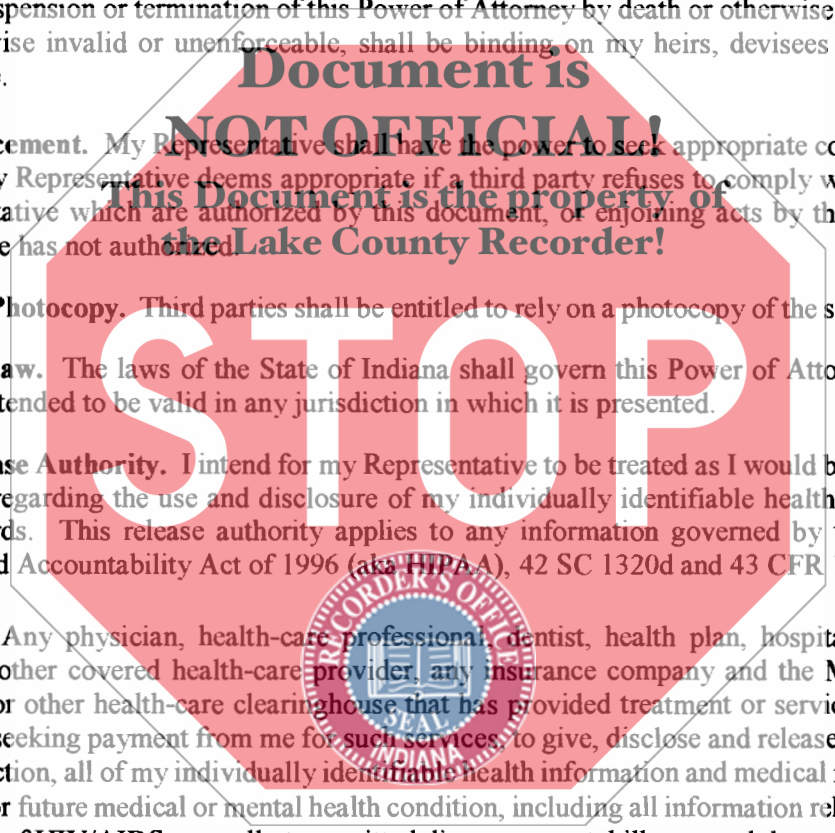
My Representative shall not exercise any of the powers for my Representative's own benefit or in satisfaction of a legal obligation of my Representative except and unless specifically provided for above.

ARTICLE V
Termination and Revocation

- A. **In general.** This power of attorney revokes and supersedes all prior financial powers of attorney executed by me, whether recorded or not. This power of attorney terminates upon my death or upon actual knowledge or receipt of written notice thereof by the Representative.
- B. **By Guardian.** A Guardian of my estate appointed by the Court shall have the power to revoke, suspend or terminate this power of attorney, subject to the approval of the court. A Guardian of my person only shall not have the power to revoke, suspend or terminate this power.
- C. **Dissolution/Legal Separation.** The designation of a spouse or domestic partner (if any) as Representative shall terminate upon the filing of a petition for dissolution of relationship, equitable distribution or property, separation or like instrument by either me or my partner, without further notice to my Representative/spouse/domestic partner.

ARTICLE VI
General Provisions

- A. **Reliance.** Any person acting in good faith and in reasonable reliance on this power of attorney shall not incur any liability thereby, so long as such party has not received actual knowledge or actual notice of revocation suspension or termination of this Power of Attorney by death or otherwise. Any action so taken unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees legatees, or personal representative.
- B. **Court Enforcement.** My Representative shall have the power to seek appropriate court orders mandating acts which my Representative deems appropriate if a third party refuses to comply with decision made by my Representative which are authorized by this document, or enjoining acts by third parties which my Representative has not authorized.
- C. **Reliance on Photocopy.** Third parties shall be entitled to rely on a photocopy of the signed original hereof.
- D. **Applicable Law.** The laws of the State of Indiana shall govern this Power of Attorney. This Power of Attorney is intended to be valid in any jurisdiction in which it is presented.
- E. **HIPPA Release Authority.** I intend for my Representative to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 SC 1320d and 43 CFR 160-164.
- F. **I authorize:** Any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medicaid Information Bureau, Inc. or other health-care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to m Representative, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.
- G. The authority given my Representative shall supersede any prior agreement that I may have with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Representative has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.



I, Tommie James Smith, hereby authorize my designated Representative to indemnify and hold harmless any third party who accepts and acts under this instrument.

IN SO MUCH, that my Representative carries out and abides by my wishes, s/he shall be entitled to reasonable compensation for any of his/her services provided as my Representative.

IN ADDITION, my Representative shall be to reimbursement of any and all reasonable expenses which may have been incurred in connection with the aforementioned Power of Attorney.

LASTLY, my Representative shall furnish and deliver a comprehensive report for any and all accounts controlled or any activities performed in accordance with federal and state laws, and in whatever manner as instructed or requested by me or ay authorized personal representative, governmental bureau or official organization which may be acting on my behalf.

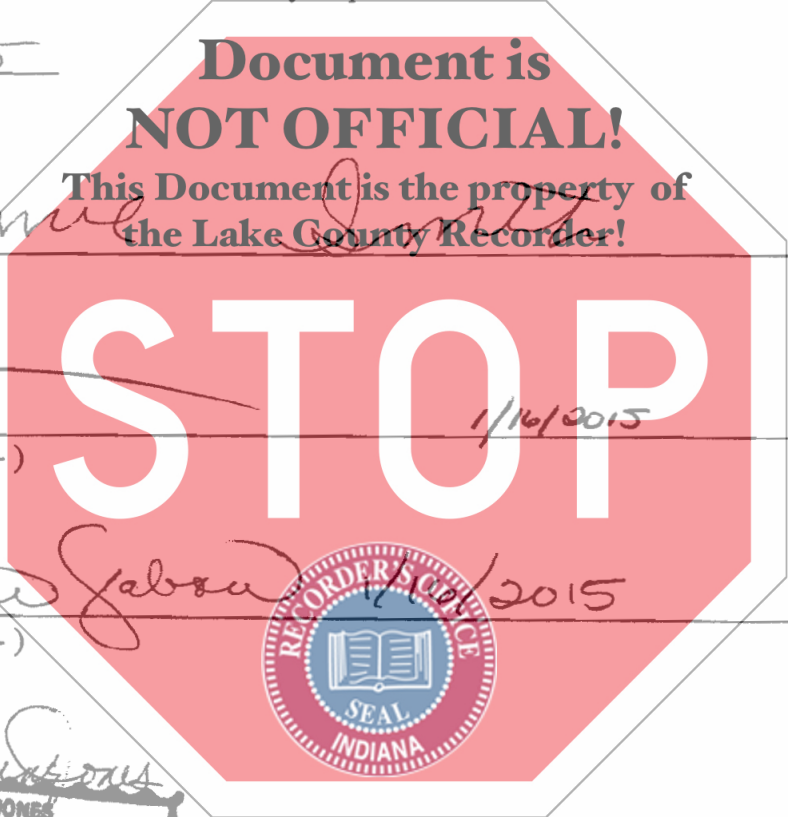
THE AFOREMENTIONED Durable Power of Attorney shall become effective immediately following the signing of this instrument on the date indicated. This instrument shall not be affected should I become disable or be deemed mentally incompetent, except as may otherwise be provided or stipulated herein or by applicable state statute. This Durable Power of Attorney shall remain in effect until my demise or is revoked by me through written notification to my Representative.

Dated: 1/16/15

Tommie James Smith
Tommie James Smith

[Signature]
(Signature of Witness #1 -)

[Signature]
(Signature of Witness #2 -)



Mary Elaine Jones
MARY ELAINE JONES
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Sep 7, 2022

Notary Acknowledgement

The State of Indiana
County of Lake

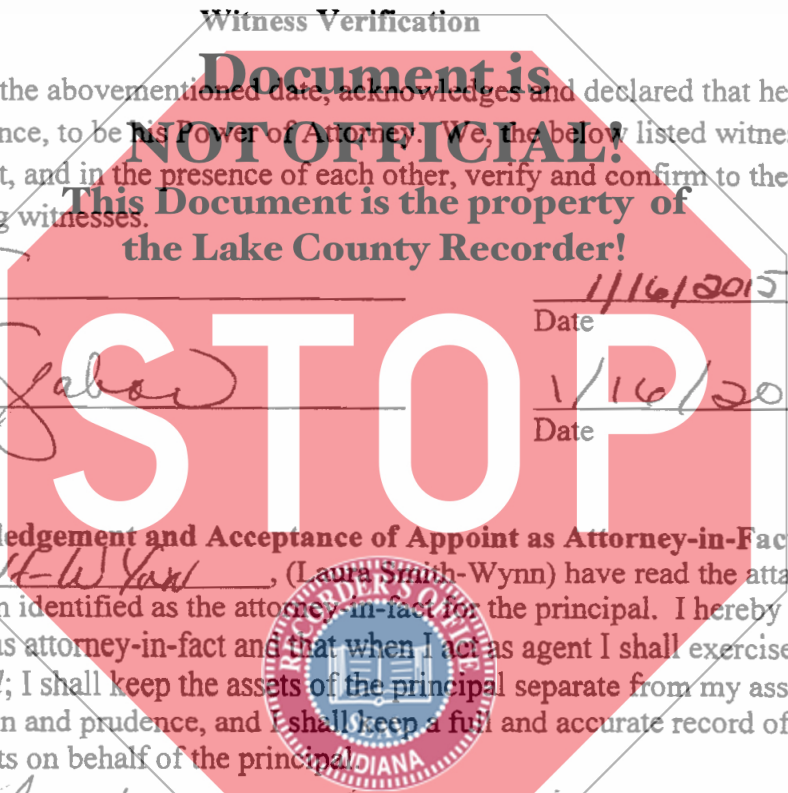
The aforementioned parties appeared before me, a Notary Public, in and for the above state and county, and is known to me or provided photo identification and that such individuals executed the foregoing instrument, and being duly sworn, such individual(s) acknowledged that s/he executed said instrument for the purpose therein contained of his/her free will and voluntary act.

Mary Elaine Jones
Notary Public Signature

Dated: 1/16/15 (SEAL)

Witness Verification

Tommie James Smith, on the abovementioned date, acknowledges and declared that he appointed Laura Smith-Wynn, in our presence, to be his Power of Attorney. We, the below listed witnesses, in his presence and at his request, and in the presence of each other, verify and confirm to the same and hereby sign our names as attesting witnesses.



(Signature of Witness #1) [Signature] Date 1/16/2015
(Signature of Witness #2) [Signature] Date 1/16/2015

Acknowledgement and Acceptance of Appoint as Attorney-in-Fact

I, Laura Smith-Wynn, (Laura Smith-Wynn) have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as attorney-in-fact and that when I act as agent I shall exercise the powers for *the benefit of the principal*; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence, and I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

[Signature] Signature of Attorney-in-Fact Date 1/16/2015

