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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 054516
2016 AUG 10 PM 4:30
DURABLE POWER OF ATTORNEY
MICHAEL B. BROWN
RECORDER

KNOW ALL MEN BY THESE PRESENT, that I, ETHEL MARIE TERRY, a resident of Gary, Indiana, do hereby designate, grant and appoint my daughter, KATHY YVONNE KELLY, of Gary, Indiana, as my power of attorney to act jointly as my true and lawful attorney-in-fact (herein called agent) for me and in my name, place and stead, and for my use and benefit:

To ask, demand, sue for, recover, collect, and receive all such sums of money, debts, dues, accounts, legacies, bequests, whatsoever as are now or shall hereafter become due, owing, payable, or belonging to me and have, use, and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, distress, or otherwise and to compromise and agree for the same and give acquittance or other sufficient discharges and releases;

For me and in my name, to make, execute and deliver, to bargain, contract, agree for, purchase, receive and take real estate, and all or any interest in therein, and accept the possession of all lands, and all or any interest in property, and all deeds and other assurances, in the law therefore, and to lease, let, demise, bargain, sell, release, convey, mortgage, and hypothecate lands, and all or any interest in property upon such terms and conditions and under such covenants as my agent shall think fit;

To demand and receive any pension checks due me from any source whatsoever, whether from the Social Security Administration, or any other federal, state, or municipal government or public or private agency or entity, and in my name and stead to give effective receipts, endorsements and discharges for same;

Also to bargain and agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares, and merchandise, choses in action, and other property in possession or in action, and to make, do, and transact all and every kind of business of whatsoever nature and kind;

And also for me and in my name, and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases, mortgages, hypothecations, bills, bonds, notes, receipts, evidence of debt, releases and satisfaction of mortgage, judgments and other debts, consents, releases for information, and such other instruments in writing or whatsoever kind and nature as may be necessary or proper in the premises;

And also to open or close or make withdrawals from or deposits to any bank account, savings or loan account, credit union account or other cash account in my name; and to enter and have free access to any safe deposit box in my name for the purpose of adding property thereto or removing property therefrom;



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To manage all of my property, and to negotiate, execute, and deliver all such leases as may be requisite or proper in connection with the management of my property by said agents, together with such covenants, conditions, and provisions as to by said agent shall deem best; to demand, receive and collect all the rents for the same accruing under said lease(s), and to use all lawful remedies, actions, distress, and other necessary or proper for the securing and recovery of said rents, or any part hereof, and also in my name to sign effectual receipts for rent received;

To employ and compensate agents, accountants, attorneys, real estate brokers and other professional assistance and to retain and compensate such persons for services rendered; to waive any attorney-client privilege;

To exercise all authority with respect to business operation transactions pursuant to Ind. Code section 30-5-5-6;

To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment;

Photographic or other facsimile reproduction of this executed power may be made and delivered by my agent, and may be relied upon as if it were the original. Anyone who acts in reliance upon any representation or certificate of my agent, or upon a reproduction of this power, shall not be liable for permitting my agent to perform any act pursuant to this power.

GIVING and GRANTING unto my said agent full power of attorney and authority to do and perform every act necessary, requisite, or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and shall lawfully do or cause to be done by virtue hereof; and I hereby specifically release any person, association, corporation or governmental instrumentality so dealing with my said agent, as herein authorized, from any liability of whatsoever nature by reason of anything or act done by my said agents with such person, association, corporation or governmental instrumentality in my behalf.

My agent is further appointed as my Health Care Representative and is granted the power to consult with medical personnel and make any decisions necessary concerning my health care and treatment. In addition, my agent/representative is authorized to act for me in all matters of health care in accordance with Indiana Code section 30-5-5-16, including but not limited to the following:

1. Employment. The power to employ servants, companions, nurses or doctors to care

for me.

2. Admission. The power to admit or release me from any hospital or health care facility.
3. Choice of Attending Physician. The power as my health care representatives to select, engage and discharge health care providers and facilities.
4. Consent. The power to consent on my behalf to any treatment, physical or psychiatric, or surgical procedure for any injury or disease from which I may be suffering.
5. Access Records. The power to have access to any and all medical records concerning my condition. The power to request copies of my medical records and to execute any required releases.
6. Anatomical Gifts. The power to make anatomical gifts on my behalf.
7. Health Care Consent. The power, as my health care representatives, to act for me in matters of health care in accordance with Indiana Code section 16-36-1 et seq., but specifically excluding the authorization to delegate all or part of this authority to any other person.
8. All health care professionals, hospitals, medical facilities, nursing home, agencies, etc., are expressly authorized to discuss fully my medical condition with my agent as fully and completely as you would with me and to request any records or documents that I would be entitled to request, to see, or to have access.
9. In addition to the other powers granted by this document, I grant to my Representative the power and authority to serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations (HIPAA) during any time that my Representative serve, without limitations. She is expressly authorized to do whatever I would have the right to do, for example but not limited to, sign documents, requests copies of files, consult with medical providers, etc. Third parties may rely upon the representations of my Representative as to all matters relating to any health care power granted by me to my Representative and no person who may act in reliance upon the representation of my Representative shall incur any liability to me or my estate as a result of permitting my Representative to exercise any power.
10. If protective proceedings for my person or estate are hereafter commenced, I nominate my Representative to be guardian of my person and estate.

11. The terms "agent", "Representative", "Health Care Representative" and "attorney-in-fact", including their plural forms, are used interchangeably and all refer to KATHY YVONNE KELLY.

My agent is also directed to give effect to any written wishes I have expressed in any executed Living Will Declaration. This Power of Attorney shall not be affected by disability of the principal.

In Witness whereof, I have hereunto signed my name this 21st day of December, 2011.

Ethel Marie Terry
Document is
ETHEL MARIE TERRY.

NOT OFFICIAL!

STATE OF INDIANA
COUNTY OF LAKE

This Document is the property of
the Lake County Recorder!

On this 21st day of December, 2011, before me, the undersigned Notary Public, personally appeared Ethel Marie Terry known to me to be the same person whose name is subscribed to the foregoing instrument, and acknowledged that he executed same for the purpose herein contained.

In witness whereof, I hereunto set my hand and official seal.

[Signature]
Notary Public



"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."
PREPARED BY: *[Signature]*

prepared by Barbara Bellling