2.

POWER OF ATTORNEY

I, Theradtric Jones, 363 Arthur St, Gary, IN 46404 (insert your name and address) appoint Jennifer Jones, 7340 Aruba Lane Apt. C Indianapolis, IN 46214 (insert the name and address of the person appointed) as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects, as each subject is defined and described in the Annotated Indiana Code, which is incorporated by reference herein:

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD. THE ANNOTATED INDIANA CODE SECTIONS NOTED ARE INCORPORATED BY REFERENCE.

INITIALS

TJ	a.	ALL POWERS (b THROUGH r) LISTED BELOW.
	b.	Real property transactions. (Ann. Ind. Code § 30-5-5-2)
	c.	Tangible personal property transactions. (Ann. Ind. Code § 30-5-5-3)
	d.	Bond, share and commodity transactions. (Ann. Ind. Code § 30-5-5-4)
	e.	Banking transactions. (Ann. Ind. Code § 30-5-5-5)
	f.	Business operating transactions. (Ann. Ind. Code § 30-5-5-6)
	g.	Insurance transactions. (Ann. Ind. Code § 30-5-5-7)
	h.	Beneficiary transactions. (Ann. Ind. Code § 30-5-5-8)
	i.	Gift transactions. (Ann. Ind. Code § 30-5-5-9)
	j.	Fiduciary transactions. (Ann. Ind. Code § 30-5-5-10)
	k.	Claims and litigation. (Ann. Ind. Code § 30-5-5-11)
	l.	Family maintenance. (Ann. Ind. Code § 30-5-5-12)
	m.	Benefits from military service. (Ann. Ind. Code § 30-5-5-13)
	n.	Records, reports, and statements. (Ann. Ind. Code § 30-5-5-14)
	o.	Estate transactions. (Ann. Ind. Code § 30-5-5-15)
	p.	Health care powers. (Ann. Ind. Code §30-5-5-16)
	q.	Delegation of authority. (Ann. Ind. Code §30-5-5-18)
	r.	General authority as to all other matters. (Ann. Ind. Code §30-5-5-19)

2016 058504
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 AUG 26 PM 12:59
MICHAEL B. BROWN
RECORDER

If you checked "Health care powers," and wish your agent to be able to withdraw or withhold health care as described below, check the following box:

☑ I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care (pursuant to Ann. Ind. Code §§30-5-5-17, 16-36-1, and 16-36-4). If at any time based on my previously expressed preferences and the diagnosis and prognosis my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or

14 pages
CS
AN

withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available.

CHECK ONE OF THE FOLLOWING BOXES:

☐ This power of attorney shall terminate upon my disability, incapacity or incompetence.

☑ This power of attorney is effective immediately, and shall not be affected by my disability, incapacity or incompetence.

☐ This power of attorney will become effective upon my disability, incapacity or incompetence.

Signed this 19th day of January, 2011

T. Jones — xxx xx xxxx

(Your signature) (Your social security number)

State of Indiana
(County) of Lake

On this 19th day of January, 2011, before me, personally appeared Theradrie Jones (name of principal), who is personally known to me or provided Indiana license as identification, and acknowledged that he or she executed it.

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: