

BT 1600837

VERIFIED DURABLE POWER OF ATTORNEY

I, **CHARLES F. JOHNS, JR.**, hereafter, Grantor, residing in LAKE County, Indiana, hereby name and appoint **CHERYL A. JOHNS** as my **ATTORNEY-IN-FACT** who may act in my capacity and for my use and benefit to do every act that I legally might do myself, and such acts as may be lawfully done through an attorney-in-fact, including conveyances of personal property, execution of contracts, transfers, sales and/or liquidations of commercial instruments or accounts, whether stocks, bonds, bank accounts or any other document deemed to be a commercial instrument" or account or accounts held in any banking, savings or other financial institution; settlement of claims and execution of documents required and any other act or acts which I might otherwise do that may or may not have a legal and binding effect on me personally, and including the sale, lease, transfer or other disposition of personal or real property in which I have an interest. Said power of attorney shall be effective immediately on my physical or mental or emotional incompetency (a doctor's letter or letter from me is sufficient proof) and shall last until revoked by me, in writing, unless I am, subsequent to the execution of this instrument and prior to a revocation by me, rendered incompetent by reason of physical or mental or emotional reasons, in which case, this power of attorney shall endure, and shall not be affected by my subsequent physical and/or mental disability, incapacity or incompetency. The attorney-in-fact shall have the power to settle or otherwise compromise any claim or claims at law I may have and is empowered to legally bind me to a settlement of any claim by exercise of this power of attorney. **There are no limitations of powers contained within this power of attorney.** In the event I am hospitalized, this power of attorney shall become effective. I also and specifically give my attorney-in-fact Health Care Representative powers as specified in IC §30-5-5 *et. seq.* without limitations.

Successor attorney-in-fact shall be: **DEBRA JOHNS**

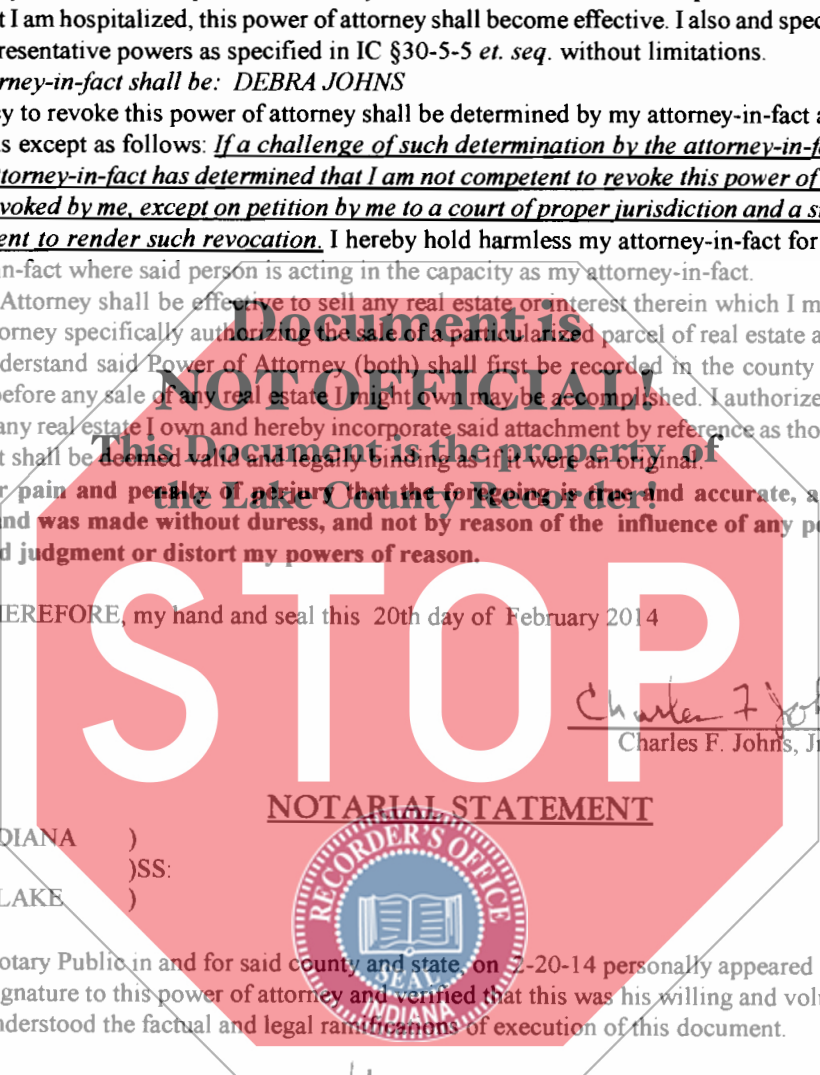
My competency to revoke this power of attorney shall be determined by my attorney-in-fact and cannot be challenged by any person or persons except as follows: If a challenge of such determination by the attorney-in-fact is to be made, it must be made by me. If my attorney-in-fact has determined that I am not competent to revoke this power of attorney, then this power of attorney cannot be revoked by me, except on petition by me to a court of proper jurisdiction and a subsequent finding by that Court that I am competent to render such revocation. I hereby hold harmless my attorney-in-fact for any acts or omissions on the part of my attorney-in-fact where said person is acting in the capacity as my attorney-in-fact.

Said Power of Attorney shall be effective to sell any real estate or interest therein which I might own, or to execute a subsequent power of attorney specifically authorizing the sale of a particularized parcel of real estate and appurtenances and structures thereon. I understand said Power of Attorney (both) shall first be recorded in the county Recorder's Office in the Miscellaneous records before any sale of any real estate I might own may be accomplished. I authorize the attachment hereto of any legal description of any real estate I own and hereby incorporate said attachment by reference as though set forth fully herein. A copy of this document shall be deemed valid and legally binding as if it were an original.

I affirm under pain and penalty of perjury that the foregoing is true and accurate, and I truly represents my intentions and desire, and was made without duress, and not by reason of the influence of any person or drug or alcohol so as to impair my good judgment or distort my powers of reason.

WITNESS WHEREFORE, my hand and seal this 20th day of February 2014

Charles F. Johns, Jr.
Charles F. Johns, Jr., Grantor



2017 FEB 20 10:23 AM
REC'D
CLERK OF SUPERIOR COURT
LAKE COUNTY, INDIANA
DINA BROWN

NOTARIAL STATEMENT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



Before me, a Notary Public in and for said county and state, on 2-20-14 personally appeared Charles F. Johns, Jr. and acknowledged his signature to this power of attorney and verified that this was his willing and voluntary act and acknowledged that he understood the factual and legal ramifications of execution of this document.

Voyle A. Glover
Voyle A. Glover, Notary Public
My commission expires: 6-27-2008
Resident of LAKE County, Indiana.

Prepared by Voyle A. Glover, Attorney at Law, 101 w. 75TH Pl, Merrillville, IN 46410 (219) 736-1420

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 Andrea A Plasencia

MC
P1400
ME
C# 1820501618

LAKE COUNTY INSURANCE COMPANY

EXHIBIT "A"

LOT 66 IN BURNSIDE'S CHAPEL HILL FARMS, PHASE 2-A, AN ADDITION TO THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 79 PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

