

# POWER OF ATTORNEY

for

**CLARA GARDNER**

U

I, CLARA GARDNER, of Lake County, State of Indiana, being a mentally competent adult, do hereby designate and appoint DAVID GARDNER, JR. of Lake County, State of Indiana as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management and personal decisions for me in my name, place and stead as authorized in this document. *see attached for legal docs*

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I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under such prior powers, including those of all successor agents named or contemplated therein, if any.

My Attorney-in-Fact is authorized, in her sole absolute discretion from time to time and at any time, with respect to my and all of my property and interests in property, real, personal, and mixed, and matters affecting my financial and personal interests, by *Michael B. Brown* of illustration and intending any limitation, to proceed on my behalf as stipulated. My Attorney-in-Fact powers shall include, but not limited to:

1. Open, maintain or closed bank accounts (including, but not limited to, checking accounts, saving accounts, and certificates of deposit), retirement plan accounts, and other similar accounts with financial institutions:
  - a. conduct any business with any banking or financial institution with respect to any of my accounts including but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
  - b. Add, delete, or change beneficiaries to any financial accounts I own including insurance policies, annuities, retirement accounts, payable on death savings or checking account or other investments.
  - c. Perform any act necessary to deposit, negotiate, sell, or transfer any note, security or draft of the United States of America, including U.S. Treasury Securities.
2. Provide for the support and protection of myself, including, without limitation, provision for food, lodging, housing, medical services, recreation and travel;
3. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-incoming producing assets and property.



2017 FEB 21 PM 12:29  
MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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C.G.  
Clara Gardner

4. Purchase and/or maintain insurance and annuity contracts, including life insurance upon my life or the life of any other appropriate person.
5. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
6. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.
7. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
  - a. Prepare, sign, and file income and other tax returns with federal, state, local, and other governmental bodies.
  - b. Obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.
  - c. Prepare applications, provide information, and perform any other act reasonable requested by any government or its agencies in connection with governmental benefits (including medical, military, disability, and social security benefits) and to appoint anyone, including my Attorney-in-Fact, to act as my "Representative Payee" for the purpose of receiving Social Security benefits.
8. To exercise fiduciary responsibilities when I have a right to delegate.
9. To exercise healthcare responsibilities:
  - a. 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.
  - b. My attorney in fact shall:
    1. Have access to my healthcare and medical records and statements in regards to billing, insurance and payments.
    2. Employ or contract with servants, companions, or health care providers to care for the principal.
    3. Admit or release the principal from a hospital or health care facility.
    4. Have access to records, including medical records, concerning the principal's condition.
    5. Make anatomical gifts on the principal's behalf.
    6. Request an autopsy.
    7. Make plans for the disposition of the principal's body, including executing a funeral planning declaration on behalf of the principal.

  
Clara Gardner

This power of Attorney shall be construed broadly as a Durable Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Attorney-in-Fact under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Attorney-in-Act, (ii) my assets to be subject to a general power of appointment by my Attorney-in-Fact, or (iii) my Attorney-in-Fact to have any incidents of ownership with respect to any life to any life insurance policies that I may own on the life of my Attorney-in-Fact.

My Attorney-in-Fact shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Attorney-in-Fact shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of the Power of Attorney. A successor Attorney-in-Fact shall not be liable for acts of a prior Attorney-in-Fact.

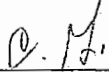
No person who relies in good faith on the authority of my Attorney-in-Fact under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Attorney-in-Fact to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Attorney-in-Fact shall not be entitled to compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.

My Attorney-in-Fact shall provide an accounting for all funds handed and all fees performed as my Attorney-in-Fact as required under state law or upon my request of any authorized personal representative, fiduciary or court of record acting on my behalf.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney and shall continue until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Attorney-in-Fact.

  
Clara Gardner



IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 19<sup>th</sup> day of December 2015

Clara Gardner  
CLARA GARDNER

STATE OF INDIANA

COUNTY OF Lake

**Document is NOT OFFICIAL!**

Before me, the undersigned, a Notary Public in and for said County and State, personally, appeared Clara Gardner, who acknowledged the execution of the foregoing Durable Power of Attorney this 19<sup>th</sup> day of December.

WITNESS my hand and notarial seal.

Janet M. Weaver  
JANET M. WEAVER  
Notary Public

My Commission expires:

12-28-2016



Resident of Lake County

JANET M. WEAVER  
NOTARY PUBLIC  
SEAL  
STATE OF INDIANA  
My Comm. Expires December 28, 2016

This instrument prepared by Kenya A. Jones, Esq., Attorney # 28992-45, 2148 W. 11<sup>th</sup> Ave. Gary, IN 46404.

Clara Gardner  
Clara Gardner

**AFFIDAVIT OF VALIDITY FOR POWER OF ATTORNEY**

(Required if Principal is not present and POA is 6 months or more past the issue date when presented to the Bank.)

Before me, the authority identified below, personally appeared DAVID GARDNER JR who, being duly sworn by me, deposes and says that: Agent Name

- Attached is a true, correct, completed and unaltered copy of a Power of Attorney dated 12/19/2015, from CLARA GARDNER Principal Name
- Principal, on the date of this Affidavit, is alive and has not given any notice to Agent of changes or termination of the Power of Attorney. Principal/Grantor was mentally competent at the time the Power of Attorney was executed.
- In consideration of Chase's acceptance of Agent's authority and the Bank's action in conducting transactions pursuant to such Power of Attorney, Agent agrees to indemnify, defend and hold the Bank harmless from and against any and all losses, claims, costs, damages, causes of action (including attorney's fees) and any other expenses incurred by the Bank arising directly or indirectly out of its acceptance of Agent's authority pursuant to said Power of Attorney.

David Gardner Jr 11/12/2016  
 Signature of Agent Date  
2312 Adams St Cory, In 46107 (317) 953-6412  
 Address City State Zip Code Telephone Number

Tax Identification No. (TIN) Date of Birth

**Notary**

State of Indiana }  
 County of Lake } ss.



Subscribed and sworn to (or affirmed) before me  
 this 12th day of November, 2016, by  
 Date Month Year

David Gardner Jr  
 Name of Signer No. 1

Name of Signer No. 2 (if any)

[Signature]  
 Signature of Notary Public



Place Notary Seal/Stamp Above

Any Other Required Information  
 (Residence, Expiration Date, etc.)



Parcel no. 45-08-16-277-038.000-004

*and 5 1/2 ft.*  
Lot 4 and the South 15 feet of Lot 3, Block 35, (except that part in the rear of said lots taken for alley purposes), Chicago-Tolleston Land and Investment Company's Second Oak Park Addition to Tolleston, in Lake County, Indiana.

Commonly known as: 2312 Adams St., Gary, In 46407



*Exh. B*