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DURABLE POWER OF ATTORNEY

OF

PATRICIA ANN MAYHEW

TO

LEO GEORGE MAYHEW JR.

APPOINTMENT OF ATTORNEY IN FACT

2017 019775

The undersigned hereby nominates, constitutes and appoints her husband Leo George Mayhew Jr., as my true and lawful Attorney-In-Fact pursuant to Indiana Code Title 30, Article 5, do and perform on my behalf and in my name those powers as set forth below.

II. EFFECTIVE DATE AND DURABILITY

By this Power of Attorney, I intend to appoint the above named individual as my Attorney-In-Fact effective upon, and only during, any period of incapacity in which, in the opinion of my Health Care Representative (as identified in my appointment of Health Care Representative attached hereto and incorporated herein) and attending physician I am unable to make or communicate a choice or decision on my own.

III. DESIGNATION OF POWERS

Pursuant to Indiana Code Title 30, Article 5, I hereby authorize the above-named Attorney-in Fact to do and perform on my behalf and in my name the following powers:

- A. Any and all real property transactions, including but not limited to making, executing and delivering any contract, deed, mortgage or lease in respect of any of my lands, buildings, or any part thereof;
- B. Any and all personal property transaction including but not limited to buying, selling, trading, mortgaging, hypothecating and dealing in personal property of any kind or nature;
- C. To exercise such rights, voting or otherwise, as I may have in any corporation, by virtue of my ownership of any stock, bonds or securities therein, either absolutely or collateral; to sell mortgage or pledge any and all shares of stock, bonds or other securities now or hereafter belonging to me, and to execute and deliver an assignment thereof;



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 MAR 28 AM 10:52
MICHAEL B. BROOKS
RECORDER

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

22677

AMOUNT \$ 166
 CASH _____ CHARGE _____
 CHECK # 3571
 OVERAGE _____
 COPY _____
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D. Any and all banking transactions including but not limited to making, endorsing, drawing and accepting promissory notes, checks, bills of exchange, drafts, or other negotiable instruments as to all accounts in my name or held jointly with another person or entity;

E. Any and all insurance transactions;

F. Any and all claims and litigation including but not limited to receiving, demanding, suing for and recovering all property, real or personal, claims, debts, monies; accounts, legacies, demands, dividends, annuities, proceeds of insurance, recoveries that are now due, or may hereafter become due; adjust, compromise and execute releases therefore as my attorney-in-fact shall deem fit;

G. To execute, file, examine and request copies of any and all tax returns required by the United States of America, State of Indiana or any political subdivision thereof, whether filed by me or jointly with others;

H. To transfer any and all business for me and to do such other acts as may be necessary or desirable to be done to save, protect or promote my business or property, and with the same force and effect as if I were personally present, including the right to admit me to a hospital and to authorize surgery;

I. The ability to consent to or refuse health care on my behalf as set forth in Indiana Code §30-5-5-17 and as provided for in my Appointment of Health Care Representative and Living Will.

Furthermore, I authorize my Health Care Representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my representative is satisfied that certain health care is or would be excessively burdensome, then my Health Care Representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if my death may result. My representative must try to discuss this decision with me. However, if I am unable to communicate, my representative may make such a decision for me after consultation with my physician or physicians and relevant health care givers. To the extent appropriate, my representative may also discuss this decision with my family and others, to the extent they are available.

J. Any and all other matters which may arise or need attention during the period of time in which the Power-of-Attorney is effective.

It is further my intention that the Attorney-in-Fact as set forth above, make all decisions and actions under this Power-of-Attorney.

Signed this 11th day of November, 2016, in LAKE County, Indiana.

Patricia Ann Mayhew

PATRICIA ANN MAYHEW

Date of Birth: May 6, 1942

10515 Erie Street
Crown Point, Indiana
46307

Document is NOT OFFICIAL!

STATE OF INDIANA)

COUNTY OF PORTER)

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BEFORE ME, the undersigned Notary Public in and for said County and State personally appeared Patricia Ann Mayhew, on the 11th day of Nov., 2016, who upon her oath acknowledged the execution of the foregoing instrument to be of her own free and voluntary act for the purpose as set forth therein.

Linda S. Webber

Linda S. Webber

Notary Public
Resident of Porter County

My Commission Expires: 5-5-18

SEAL

