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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUL -7 AM 10:21

MICHAEL B. BROWN
RECORDER

**POWER OF ATTORNEY
FOR PROPERTY**

OF

GERALDINE RIEBE
PRINCIPAL

This is to certify that this is a true and exact copy of the original instrument.
CHICAGO TITLE INSURANCE CO.
Indiana Division

By *Jill Hunt*

CHICAGO TITLE INSURANCE COMPANY

BT1700345

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made under Indiana Code 30-5 (IC 30-5), as it may be amended, or replaced (the "Statute").

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. **POWERS.** According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporated the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

- | | | |
|--|---|----------------|
| real property transactions; | [IC 30-5-5-2] fiduciary transactions; | [IC 30-5-5-10] |
| tangible personal property transactions; | [IC 30-5-5-3] claims and litigation; | [IC 30-5-5-11] |
| bond, share, and commodity transactions; | [IC 30-5-5-4] family maintenance; | [IC 30-5-5-12] |
| banking transactions; | [IC 30-5-5-5] benefits from military service; | [IC 30-5-5-13] |
| business operating transactions; | [IC 30-5-5-6] records, reports, and statements; | [IC 30-5-5-14] |
| insurance transactions; | [IC 30-5-5-7] estate transactions; | [IC 30-5-5-15] |
| beneficiary transactions; | [IC 30-5-5-8] | |
| gift transactions; | [IC 30-5-5-9] all other matters. | [IC 30-5-5-19] |

(NOTE: Although the Statute grants powers with respect to health care (IC 30-5-5-16 and IC 30-5-5-17) and delegation (IC 30-5-5-18), this Power of Attorney does not include them. A Living Will Declaration, Durable Power of Attorney for Health Care, Appointment of Health Care Representative, and HIPAA Release have been prepared and executed as separate Advance Directives concerning health care, which the Principal has executed at the same time as this Power of Attorney for Property.)

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power of my Attorney in Fact to be modified or added, I have modified or added as follows:

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(2)

The power to take such action or to apply such funds, without petition to or leave of court, for the purpose of conserving my property, benefiting my descendants and other relatives, and maximizing entitlements to federal and state medical, welfare, housing and other public programs, by all legitimate and proper means within the sound and trusted discretion of my attorney in fact, including, but not limited to, the power to retitle assets in the name(s) of or to make gifts to such relatives, friends and charities as would likely be the recipients of donations or gifts from me (unless the pattern of such retitling or gifting is inconsistent with my estate plan as it exists at the time my Attorney in Fact is acting), to make investments and purchases including the investment in annuities, bonds, stocks or other vehicles, and the purchase of real estate or other assets, to make revocable or irrevocable transfers into trusts for the benefit of myself or other said recipients, and to take such steps even though my attorney in fact is a member of the group that may benefit under such an estate plan. Any retitling of assets or gifts made to any non-spouse donees shall be limited to such amounts or values that would qualify for the exclusions from taxable gifts under Internal Revenue Code Sections 2503(b) or 2503(e).

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. RESERVATION OF POWER TO ACT AND TO REVOKE. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. CHAPTERS OF STATUTE ALSO APPLICABLE. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions	[IC 35-5-2]	Reliance	[IC 30-5-8]
General Provisions	[IC 30-5-3]	Liabilities	[IC 30-5-9]
Duties	[IC 30-5-6]	Termination	[IC 30-5-10].

D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-5-9, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith. *I have selected the named Attorney(s) in Fact since I consider her or him to be trustworthy, and so that, as long as my Attorney(s) in Fact exercises the authority conferred upon her or him in a manner consistent with the limitations placed upon such authority herein, no court or third party shall entertain any presumption that my Attorney(s) in Fact is acting fraudulently or exerting undue influence over me, as a sole consequence of her or his status.*

E. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution(s) named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Banking and Holding Institution(s): _____ Type of Account: _____

Any and all accounts held in my name in any and all banking, holding and/or financial institutions.

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the **Office of the Recorder of** Lake **County, State of Indiana.**

F. **SAFE DEPOSIT BOX.** I have a safe deposit box, Number _____

(BANKING INSTITUTION)

(BRANCH)

(CITY)

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly held with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

G. **DURATION OF POWER OF ATTORNEY.** NOTE: The authority granted to my Attorney in Fact under this Power of Attorney shall not go into effect until such time as, in the opinion of my Attorney in Fact, after consultation with my attending physicians, I am no longer capable of making financial and property decisions. Additionally:

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a. This power of Attorney shall not be terminated by my incapacity making it a Durable Power of Attorney pursuant to the laws of the State of Indiana.

H. **REVOCAION OF PRIOR POWERS.** I do revoke all powers of attorney I signed before the date of the Power of Attorney. Revocation does not affect the validity of an act performed under a prior Power of Attorney. In case of failure to strike, prior powers are revoked.

I. **GUARDIAN.** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate ROBERT W. RIEBE as guardian of my person, and ROBERT W. RIEBE as guardian of my estate, to serve in each case without bond as may be permitted by law.

J. **SUCCESSOR ATTORNEY IN FACT AND SUCCESSOR GUARDIAN.** As successor to my attorney in fact and guardian, if any, I designate and name BERNADETTE LODICO. If BERNADETTE should be unwilling or unable to serve as my successor attorney in fact and guardian, I designate and name FR. BRUCE S. RIEBE. Any such successor shall become my attorney in fact, or my successor guardian, when the person first designated and named has failed or ceased to serve as specified in the Statute, or has declined or become unable to serve.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor, or is appointed as my guardian.

K. **BINDING EFFECT.** Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as any applicable statutes provide.

All of the above is acknowledged and signed this 6th day of April, 2017, in 4 counterparts,
each of which shall be considered an original.

Counterpart No. 1


GERALDINE RIEBE, PRINCIPAL

1036 Spruce Street, Hammond, Indiana 46324
PRINCIPAL'S ADDRESS AND ZIP CODE

STATE OF INDIANA, COUNTY OF LAKE SS:

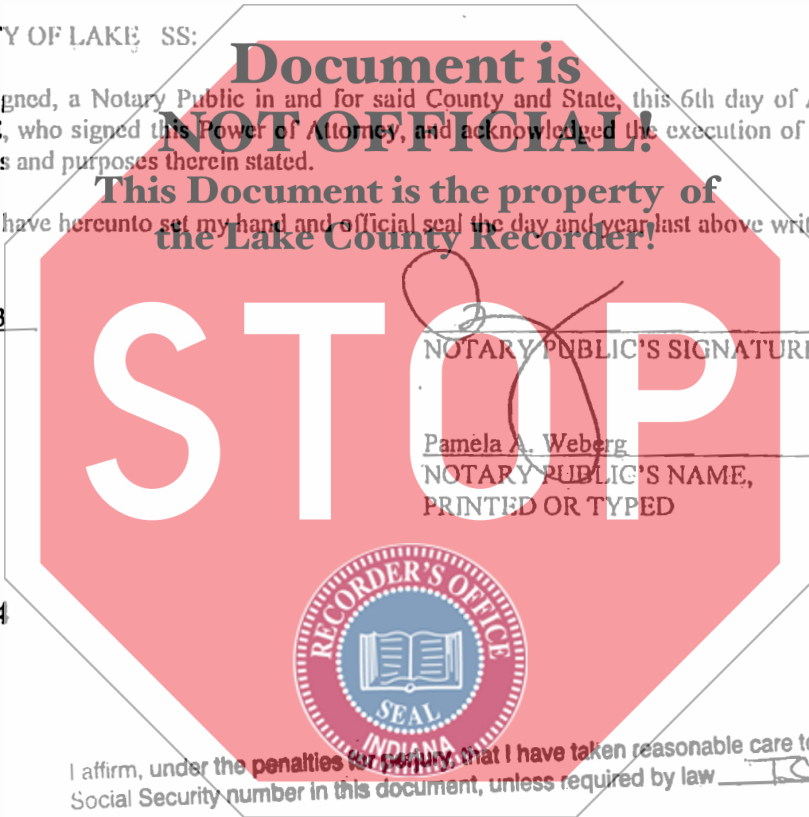
Before me, the undersigned, a Notary Public in and for said County and State, this 6th day of April, 2017, personally the Principal, GERALDINE RIEBE, who signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the Principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Commission Expires: 9/4/23

County of Residence: Lake

MAIL TO:
1036 Spruce Street
Hammond, Indiana 46324



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 IC

This Document Prepared By: AMERICA L. McALPIN, Attorney at Law, AUSTGEN KUIPER JASAITIS P.C., 130 North Main Street, Crown Point, Indiana 46307, Telephone: (219) 663-5600.