

GENERAL DURABLE POWER OF ATTORNEY

I, CHARLES L. MARTIN, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Virginia Mitchell, of Lake County, Indiana, as my true and lawful Attorney-in-Fact for Financial Decision making purposes.

I. Powers:

The above named Attorney-in-Fact shall have the following powers:

- To make, draw and endorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;
To make and execute any and all contracts;
To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same;

To have access to any and all safe deposit boxes in my name and to open, inspect, inventory place items in or remove from, and close said safe deposit boxes;

To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation or support.

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;

To purchase, sell, mortgage, convey by Deed or other instrument, and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded);

To handle all financial transactions with hospitals, health clinics, nursing homes, and any physicians' offices;

To 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 reasonably requested by any government or its agencies in connection with governmental benefits (including medical, military, social security benefits, and medicaid or medicare benefits) and to appoint anyone, including my Agent, to act as my "Representative Payee" for the purpose of receiving Social Security Benefits.

To have all additional powers and authorities pursuant to I.C.30-5-5-1 through I.C.30-5-5-19, all in accordance with the foregoing; and I hereby ratify and confirm all that my Attorney-in-Fact shall do by virtue hereof.

II. Effective date: This Power of Attorney shall become effective on the 5th day of Aug. 2015, and shall not be affected by my subsequent disability or incapacity.

III. Termination and Duration:

Termination: I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

I have executed and recorded in the Recorder's Office of the County of my domicile a written revocation hereof.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my Attorney-in-Fact in reliance upon this Power, without actual knowledge of its revocation.

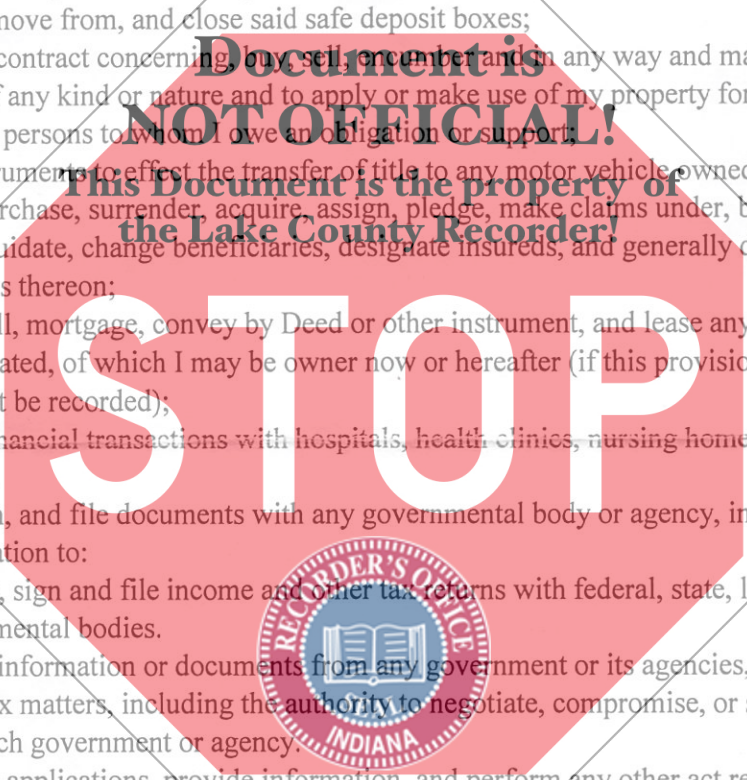
2017 034653

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2017 JUN -6 PM 12:50 MICHAEL B. BRONKHORST RECORDER

2017 043870

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2017 JUN 18 PM 12:14 MICHAEL B. BRONKHORST RECORDER

Re-recording to put in Right Sequence on



\$25.00

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Duration: Furthermore, the within General Durable Power of Attorney is made, executed and the authority conferred herein shall be exercisable notwithstanding the Principal's subsequent incapacity (as defined in I.C. 29-3-1-7.5) and the authority of the within Attorney-in-Fact, Virginia Mitchell, is exercisable by ~~him~~her as provided in the power on behalf of the Principal, **CHARLES L. MARTIN**, notwithstanding later incapacity of the Principal at Law or later uncertainty as to whether the Principal is dead or alive pursuant to I.C. 30-5-10-3 and 30-5-10-4. All acts done by the Attorney-in-Fact or Agent, Virginia Mitchell, pursuant to the Power during any period of incapacity or uncertainty as to whether the Principal is dead or alive shall have the same effect and inure to the benefit of, and bind the Principal or his heirs, devisees, and personal representatives as if the Principal were alive and capable pursuant to I.C. 30-5-10-3 and 30-5-10-4 et. seq. and subsequent amendments or modifications thereof.

IV. Guardianship and Succession:

Guardianship: In the event a judicial proceeding is brought to establish a Guardianship over my person or property, I hereby appoint Virginia Mitchell, of the County of Lake, State of Indiana to serve as Guardian. And in the event that Virginia Mitchell is unable to so act as my legal agent or Guardian, or refuses to so act, I hereby nominate, constitute and appoint Gene Martin, of ~~Lake County, Indiana~~ Las Vegas, Nevada, as **Successor Guardian and Successor Attorney-in-Fact**.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of Aug; 2015.

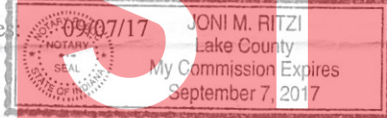
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This Document is the property of the Lake County Recorder!

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 5th day of Aug, 2015, personally appeared Charles L. Martin, who acknowledged the execution of the foregoing General Durable Power of Attorney.

My Commission Expires:



Joni M. Ritzi
Joni M. Ritzi, Notary Public and Resident of Lake County, IN

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the document, unless required by law.



This Instrument Prepared By: **JONI M. RITZI**, Attorney at Law, RITZI LAW, LLC (219) 659-0800
Attny # 16182-45