

POWER OF ATTORNEY

[General and Durable]

Know All Men by These Presents, That **ROSIE L. BLAKELY** of Gary, Lake County, IN, has made, constituted and appointed, and by these presents does make, constitute and appoint **CHAUNDA J. WILLIAMS**, her granddaughter, as true and lawful Attorney-in-fact for **ROSIE L. BLAKELY** to act in her name, place and stead to transact any and all business, personal and/or health care affairs, including but not limited to, making health care decisions, whether at a hospital or otherwise, receiving, signing or executing any and all legal, business-related, health care-related documents, and/or conducting any and all transactions related to, and receiving or obtaining any and all information related to, medical or health matters, real or personal property matters, buying and/or selling property, collecting any and all rents and/or lease payments, executing and/or terminating leases, licenses and/or easements regarding real and/or personal property, conducting any and all transactions regarding financial accounts, checking, savings, stocks or safe deposit boxes at any and all financial institutions, including but not limited to, Chase Bank, including, but not limited to, cashing and/or acting as payee representative for social security checks, collecting debts, initiating, defending or engaging in any and all litigation, and appointing or employing, with or without compensation, any doctors, health care providers, accountants, attorneys at law, investment counsel, agents, servants or other persons, and giving and granting unto **CHAUNDA J. WILLIAMS**, said Attorney, full power to do every act necessary to be done about the premises as fully as **ROSIE L. BLAKELY** might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **CHAUNDA J. WILLIAMS**, said Attorney, shall lawfully do or cause to be done by virtue thereof. Said Attorney shall continue to be able to exercise the above power even if or when I subsequently become incapacitated, disabled or unconscious.

In Witness Whereof, the said **ROSIE L. BLAKELY** has hereunto set her hand and seal this 1st day of August 2017.

Rosie L. Blakely
 Name: **ROSIE L. BLAKELY**

County of Lake, State of Indiana:

Signed, sealed and delivered in presence of me, a notary public:

MACARTHUR DRAKE
 Notary Public, State of Indiana
 SEAL
 My Commission Expires 3/29/2020

Macarthur Drake
 NOTARY PUBLIC, a Lake County resident
 My commission expires: 3/29/20

This instrument prepared by: Atty. M. Drake (219) 882-6004

BLALEYR3.RTF

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.
 PREPARED BY: M.D.

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STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

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