

prepared By:

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ILLINOIS STATUTORY  
SHORT FORM

POWER OF  
ATTORNEY FOR  
PROPERTY  
for

2017 057870

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 AUG 25 PM 12:29

MICHAEL B. BROWN  
RECORDER

ROBERT LEE  
JIPPING

POWER OF ATTORNEY  
made this  
22 day of June, 2017.

1. I, ROBERT LEE JIPPING of 2681 South Route 394, Crete, Illinois 60417, hereby appoint: my son, TIMOTHY LEE JIPPING, of 1733 West Irving Park Road, Chicago, Illinois 60613.

(NOTE: You may not name co-agents using this form.)

as my attorney-in-fact (my "agent") to act for me and in my name (I or we could act in person) with respect to the following powers, as defined in section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(NOTE: LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

I give and grant unto my agent full power and authority to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about the premises, as fully, to all intents and purposes as I might or could do if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that my agent shall lawfully do or cause to be done by virtue hereof.

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3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

a) My agent shall have the authority to make gifts from my estate to or for the benefit of my spouse or children (including my agent) and my grandchildren. This authority shall specifically include the power, with respect to any trust created by me during my lifetime or under which I possess a general or special power of appointment, to direct the trustee to make distributions of income or principal to me for the purpose of making such gifts. The trustee may accept as genuine any written direction signed by my agent, and shall have no obligation to investigate the ultimate disposition of any such distributions.

b) My agent shall have the authority to make such charitable gifts as I have been in the habit of making and may make such other charitable gifts as in the circumstances my agent believes I would make if able.

c) My agent shall have the authority to compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors and other persons (including my agent and any firm with which my agent is associated without reducing compensation in any capacity).

d) My agent shall have the authority to transfer any part or all of my assets to the Trustee of any revocable trust of which I am the grantor to be dealt with pursuant to its terms from time to time in effect.

e) My agent shall have the authority to apply for, continue or terminate any benefits from any state or federal government or agency or department thereof, including but not limited to Social Security, Medicare and Medicaid.

f) My agent shall have the authority to have full access to my emails, my email accounts, my websites, my blogs, and shall have full power and authority to receive my passwords and cancel any email accounts that I have. My agent shall have full power and authority to deal with any accounts, websites, or blogs that I have with Facebook, Pay Pal, Yahoo, Twitter, LinkedIn, Amazon.com or any other similar service company in the same manner that I could (and to receive a refund of any monies due me). My agent shall have full authority to deal with any telephone companies, internet service providers, or cable/satellite television providers that I have service with, and to cancel or modify any service agreement that I have with such companies.

g) My agent shall have the authority to make Tax Planning Gifts to most relatives and charities named as beneficiaries in my will as my agent considers advisable. "Tax Planning Gifts" means (a) such gifts that qualify for the exclusion allowed for federal gift tax purposes under section 2503(a) of the Code as my agent believes I would make if able and (b) gifts that qualify for the exclusion allowed for federal gift tax purposes under section 2503(b) of the Code, considering all other gifts made by or for me to the donee during any calendar year and assuming that an effective split gift election will be made for federal gift tax purposes under section 2513 of the Code if I am married at the time of such gift. Any exercise of discretion made in good faith by my agent shall not be subject to review, and my agent shall be held harmless from any cost or liability resulting from exercising or not exercising any such discretion.

h) My agent shall have the authority to enter into a life-care plan on my behalf or make a gift on my behalf, even if the gift is to the agent.

i) My agent shall have the authority to do all acts necessary for maintaining my customary standard of living, to support and encourage my social support, and independence, to provide living quarters by purchase, lease or other arrangement, or by payment of the operating costs of my normal or specialized domestic help for the operation of my household and my care and well-being, to provide my clothing, transportation, medicine, food and incidentals, and, if necessary, to make all necessary arrangements, contractual or otherwise, at any hospital, hospice, nursing home, convalescent home, shared residence, congregate housing, assisted living facility, special care unit, or similar establishment, or in my residence should I so desire, to assure that all of my essential needs are provided for at such a facility or in my own residence, as the case may be; and if in the judgment of the attorney-in-fact I will never be able to return to my living quarters from a hospital, hospice, nursing home, convalescent home, or similar establishment, to lease, sublease or assign my interest as lessee in any lease or protect or sell or otherwise dispose of my living quarters (investing the proceeds of any such sale as the attorney-in-fact deems appropriate) for such price and upon such terms, conditions and security, if any, as the attorney-in-fact shall deem appropriate; and to store and safeguard or sell for such price and upon such terms, conditions and security, if any, as my attorney-in-fact shall deem appropriate or otherwise dispose of any items of tangible personal property remaining in my living quarters which the attorney-in-fact feels I will never need again (and pay all costs thereof); and, as an alternative to such storage and safe-guarding, to transfer custody and possession (but not title) for such storage and safekeeping of any such tangible personal property to the person, if any named in my will or revocable living trust as the recipient of such property; and to make advance arrangements for my funeral and burial, and such other related arrangements as my attorney-in-fact shall deem appropriate, if I have not done so previously; to receive, open, read, respond to and redirect my mail; to enter any mail box which I shall have hired or rented, whether at a United States Post Office or elsewhere, and to surrender the box and terminate the lease at the discretion of my attorney-in-fact; to represent me before the U.S. Postal Service in all matters relating to mail service; to do all things necessary to change domicile; to establish, cancel, continue or initiate my membership in organizations and associations of all kinds, to take and give or deny custody of all of my important documents, including but not limited to my will, codicils, trust agreements, deeds, leases, life insurance policies, contracts and securities and to disclose or refuse to disclose such documents; to obtain and release or deny information or records of all kinds relating to me, any interest of mine or to any person for whom I am responsible; to effect my resignation as a member or officer of any

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organization or entity, or as a trustee, executor, personal representative, or other fiduciary of an estate or trust, however denominated.

j. My agent shall further have the authority to amend or revoke any trust made by me during my lifetime, notwithstanding any contrary language in said agreement.

k. I place no other limitation on my agent other than that which I have described in the foregoing paragraphs, and I further provide that my agent shall not be liable for any act or failure to act in the absence of my agent's own bad faith.

(NOTE: YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(NOTE: YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(NOTE: THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. (RJ) This power of attorney shall become effective on: the date hereof. (NOTE: insert a future date or event during your lifetime, such as court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect)

7. (RJ) This power of attorney shall terminate on: my death. (NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to death.)

(NOTE: IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

Mary Beth Jipping, of Hoboken, New Jersey

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. (NOTE: IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

11. The Notice to Agent is incorporated by reference and included as part of this form.

Dated June 22, 2017

Signed *Robert Lee Jipping*  
ROBERT LEE JIPPING

(NOTE: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS AND YOUR SIGNATURE IS NOTARIZED USING THE FORM BELOW. THE NOTARY MAY NOT ALSO SIGN AS A WITNESS)

The undersigned witness certifies that ROBERT LEE JIPPING, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

June 22, 2017

*Peter Schurman*  
Witness  
**Document is NOT OFFICIAL!**

(NOTE: Illinois law requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here.

(SECOND WITNESS) The undersigned witness certifies that ROBERT LEE JIPPING, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

June 22, 2017

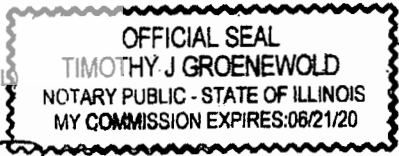
*Shirley Schurman*  
Witness

State of Illinois )  
                          ) ss.  
County of Cook    )

The undersigned, a notary public in and for the above county and state, certifies that ROBERT LEE JIPPING, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witness(es) Peter Schurman (and Shirley Schurman) in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, (and certified to the correctness of the signature(s) of the agent(s)).



June 22, 2017



My commission expires: June <sup>21</sup>/<sub>20</sub>, 2020

*T. J. Groenewold*  
Notary Public

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.

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Name *Kim A. Diaz*

**EXHIBIT "A"**

Property Address: 1212 Bluebell Trail, Schererville, IN 46375  
File No.: 17-25011

The North 37.0 feet of the South 118.1 feet of Lot 28, by parallel lines as measured along the East line thereof, in Auburn Meadows Subdivision Phase 1, an Addition to the Town of Schererville, recorded in Plat Book 90 page 98 and amended by Plat of Correction recorded in Plat Book 91 page 6 in the Office of the Recorder of Lake County, Indiana.

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

