

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 068113 2017 OCT -6 AM 10:14  
DURABLE GENERAL POWER OF ATTORNEY  
(INCLUDING HEALTH CARE POWERS)  
MICHAEL B. BROWN  
RECORDER  
OF  
ELDON R. DILLE

THIS IS TO CERTIFY THAT THIS IS A TRUE  
AND EXACT COPY OF THE ORIGINAL INSTRUMENT.  
FIDELITY NATIONAL TITLE INSURANCE CO.

BY

CROWN POINT, IN 46307  
11364 BROADWAY  


Address: 9401 Wildwood Drive, Highland, Indiana 46322

Article I. Appointment and Authority of Attorney in Fact.


I, Eldon Ray Dille, voluntarily appoint William Sassman, whose address and telephone number are: 3214 Gran Boulevard, Highland, Indiana 46322, (219)972-9642, as my attorney in fact and also as my health care representative and attorney in fact for health care (hereafter collectively, "attorney in fact") to act on my behalf and to do any lawful act for me, in accordance with IC 16-36-1 and IC 30-5, except as may otherwise be specified below. In the first alternative and upon any of the conditions expressed in Article IX below, I voluntarily appoint Colin Peterson, whose address and telephone number are: 8219 Kraay Avenue, Munster, Indiana 46321, (219)972-7994, as my first alternate attorney in fact to act on my behalf and to do any lawful act for me, except as may otherwise be specified below. In the second alternative and upon any of the conditions expressed in Article IX below, I voluntarily appoint Chris Heimej, whose address and telephone number are: 8213 Wicker Park Drive, Highland, Indiana 46322, (219)923-7323, as my second alternate attorney in fact to act on my behalf and to do any lawful act for me, except as may otherwise be specified below.

This appointment is to be exercised in good faith and in my best interest subject to the following terms and conditions (if any): none.

By way of illustration only, and not intending any limitation, I specifically grant to my attorney in fact:

1. General authority with respect to real property transactions.
2. General authority with respect to tangible personal property transactions.
3. General authority with respect to bond, share and commodity transactions.
4. General authority with respect to retirement plans.
5. General authority with respect to banking transactions.

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6. General authority with respect to business operating transactions.
7. General authority with respect to insurance transactions.
8. General authority with respect to transfer on death or payable on death transfers.
9. General authority with respect to beneficiary transactions.
10. General authority with respect to gift transactions.
11. General authority with respect to fiduciary transactions.
12. General authority with respect to claims and litigation.
13. General authority with respect to family maintenance.
14. General authority with respect to benefits from military service.
15. General authority with respect to records, reports and statements.
16. General authority with respect to estate transactions.
17. General authority with respect to health care powers. Additional powers and provisions regarding health care are set forth in Article II.
18. General authority with respect to delegating authority. The general authority of my attorney in fact with respect to delegating authority is subject to the provisions of Article IX below.
19. General authority with respect to all other matters.

I grant to my attorney in fact the full power to perform every act, deed, matter and thing with respect to my estate, property, person and affairs as fully and effectually as I might if personally present and acting, and I hereby ratify and confirm all that my attorney in fact shall lawfully do or cause to be done by virtue of this power of attorney.

#### Article II. Additional Powers Regarding Consent to or Refusal of Health Care

Without in any way limiting the powers of my attorney in fact except as may be specifically provided below, my attorney in fact shall have the power to consent to or refuse health care for me pursuant to the following provisions:

A. Conditions of Effectiveness. As provided by Indiana law, the power of my attorney in fact to consent to or refuse health care for me becomes effective and remains effective during any time or times if and when I am incapable of consenting to my health care; and such power is not effective during any time or times if and when I regain the capacity to consent to my health care.

B. Specific Powers Regarding Refusal or Discontinuance of Care. I authorize my attorney in fact 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 attorney in fact is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my attorney in fact 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 death may result.

Naturally, I desire to have health care instituted and/or continued if the treatment in question is beneficial and not excessively burdensome. In making such decisions my attorney in fact may consider whether the treatment may give me a realistic chance to recover from whatever illness or infirmity that I may have, and if such recovery is not possible or probable, whether the treatment may extend a meaningful and enjoyable life. However, in instituting and/or continuing health care, I am more concerned with the quality of my life than with the quantity or mere extension of my life.

My attorney in fact must try to discuss this decision with me. However, if I am unable to communicate, my attorney in fact may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my attorney in fact may also discuss this decision with my family and others, to the extent they are available.

Further and without in any way limiting the powers of my attorney in fact, I authorize my attorney in fact to refuse and/or to discontinue, among others, the following treatments: surgery, dialysis, chemotherapy, radiation, electrical or mechanical resuscitation of my heart when it has stopped beating, nasogastric tube feedings or other feedings or hydration by artificial means when I am paralyzed and/or otherwise unable to swallow, and mechanical respiration when my brain or body can no longer sustain my own breathing.

Finally and without in any way limiting the powers of my attorney in fact, I do not wish to be maintained or kept alive in a coma or permanent vegetative state, and I authorize my attorney in fact in this regard to refuse and/or to discontinue all treatment

and/or therapy and/or other care which would allow me to continue or to be maintained in such a state.

### Article III. Use and Disclosure of Individually Identifiable Health Information

I intend for my attorney in fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 USC 1320d and 45 CFR 160-164. This release also applies to any individually identifiable health information or other medical records governed by any other federal, state or local law or regulation. I authorize:

- any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau Inc. or other healthcare clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services, or any other person or entity in possession of such information
- to give, disclose and release to my attorney in fact, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse, and also to include any written opinion that my attorney in fact may request relating to my medical history, condition and any incapacity.

The authority given my attorney in fact shall supersede any prior agreement that I may have made with my healthcare providers (or others named above or others in possession of such information) to restrict access to or disclosure of my individually identifiable health information. The authority given my attorney in fact has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my healthcare provider (or other person or entity named above or other person or entity in possession of such information).

### Article IV. Exoneration of Third Parties

Any person dealing with my attorney in fact shall be fully protected and free from liability for any payment, application or accumulation made or other action or nonaction made or taken in reliance upon this power of attorney. Any person relying on

this power of attorney or the attestation of my attorney in fact shall not be required to investigate any of the following: (1) Whether this power of attorney is valid. (2) Whether my attorney in fact is authorized to act and/or the propriety of any action taken by my attorney in fact. (3) What my attorney in fact does with any property, delivered to the attorney in fact.

#### Article V. Exoneration of Attorney In Fact

My attorney in fact shall not be liable for the negligent exercise of this power of attorney or for a loss due to an error in judgment or for the act or default of another person. My attorney in fact shall be liable only if the attorney in fact acts in bad faith. This exoneration shall be binding on me and on my successors in interest.

#### Article VI. Durable Power of Attorney

This is a durable power of attorney. This power of attorney shall not be terminated or affected by my subsequent disability or incapacity or by lapse of time.

#### Article VII. Appointment of Guardian

If the proceedings are ever begun for the appointment of a guardian, conservator or like representative for my person or estate, it is my preference that whoever may then be serving or eligible to serve as my attorney in fact under this power be appointed to that office, and I hereby nominate such person to be my guardian, conservator or like representative and request that my attorney in fact be appointed to such guardian, conservator or like representative by the court.

#### Article VIII. Revocability

I expressly reserve the power to revoke or modify this power of attorney at any time; provided, however, that this power of attorney shall be revocable or modifiable only by a properly notarized written instrument executed by me.

#### Article IX. Delegation of Authority by Attorney in Fact; Conditions Precedent to Authority of Alternate Attorney in Fact.

A. My attorney in fact shall have general authority with respect to delegating

authority; however, any delegation of authority given by my attorney in fact may be revoked by an alternate attorney in fact if the authority of an alternate attorney in fact becomes effective pursuant to paragraph B or C of this Article IX. Any such revocation by an alternate attorney in fact shall be made only by a properly notarized written instrument executed by the alternate attorney in fact.

B. In the event of the death, disappearance, disability or resignation of my original attorney in fact, the appointment of my first alternate attorney in fact shall become effective the same as if the original attorney in fact had not been appointed. The disappearance of my original attorney in fact may be established by the affidavit of first alternate attorney in fact. The disability of my original attorney in fact may be established by the certificate of a qualified physician stating that the original attorney in fact is unable to manage his own affairs. Any person dealing with my first alternate attorney in fact shall be fully protected and free from liability for any payment, application or accumulation made or other action taken in reliance upon such an affidavit of disappearance or such a certificate of disability. If my original attorney in fact shall reappear after a disappearance or recover after a disability, then the authority of my original attorney in fact shall be reinstated and exclusive and the authority of my first alternate attorney in fact shall no longer be effective.

C. In the event of the death, disappearance, disability or resignation of my original attorney in fact and my first alternate attorney in fact, the appointment of my second alternate attorney in fact shall become effective the same as if the original and/or first alternate attorneys in fact had not been appointed. The disappearance of my original and/or first alternate attorney in fact may be established by the affidavit of my second alternate attorney in fact. The disability of my original and/or first alternate attorney in fact may be established by the certificate of a qualified physician stating that the original and/or first alternate attorney in fact is unable to manage his own affairs. Any person dealing with my second alternate attorney in fact shall be fully protected and free from liability for any payment, application or accumulation made or other action taken in reliance upon such an affidavit of disappearance or such a certificate of disability. If either of my original attorney in fact or first alternate attorney in fact shall reappear after a disappearance or recover after a disability, then the authority of my original attorney in fact or first alternate attorney in fact shall be reinstated and exclusive and the authority of my second alternate attorney in fact shall no longer be effective.

#### Article X. Applicable Law; Construction

This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

All references herein to my attorney in fact include and refer to my alternate attorney in fact, unless the context clearly refers only to one or the other of them.

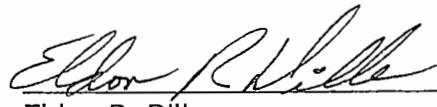
Article XI. Administrative and Fiduciary Nature of Powers

It is not my intention to grant any beneficial interests in my estate by this instrument, but its purpose is to grant to my attorney in fact only the administrative and other powers set forth herein. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of reasonable compensation for services and reimbursement of all reasonable expenses advanced) not for the personal benefit of my attorney in fact.

Article XII. Revocation of Prior Grants of Power of Attorney

I hereby revoke all prior grants of power of attorney and appointments of health care representative.

IN WITNESS WHEREOF, I have executed this power of attorney on this 27<sup>th</sup> day of April, 2012.



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Eldon R. Dille

STATE OF INDIANA        )  
                                  ) SS:  
COUNTY OF JOHNSON    )

Before me, a Notary Public in and for said County and State, personally appeared Eldon R. Dille, who acknowledged the execution of the above and foregoing power of attorney to be his voluntary act and deed, and who swore to the truth of the matters therein. I further declare that I am an adult at least eighteen (18) years of age and that at the request of the above-named individual, I witnessed the signing of this document and notarized said individual's signature on this date.

WITNESS my hand and notarial seal this 27<sup>th</sup> day of April, 2012.



Brian J. Deppe  
Brian J. Deppe, Notary Public

My Commission Expires:

October 9, 2015

County of Residence: Johnson

This instrument was prepared by Brian J. Deppe, DEPPE FREDBECK & BOLL, Attorneys At Law, Nine East Court, Franklin, Indiana 46131. 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.

Brian J. Deppe  
Brian J. Deppe