

ctnw 1900381

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 012984

2019 MAR -4 AM 9:40

MICHAEL B. BROWN
RECORDER

DURABLE POWER OF ATTORNEY

I, CAROLE LADENDORF, also known as CAROLE R. LADENDORF being at least 18 years of age and mentally competent, do hereby designate and appoint EDWARD J. LADENDORF and JENNIFER E. SCHULTE, with the ability to act independently, as my true and lawful attorneys-in-fact, or agents.

If both my agent named above are unable or unwilling to act as agents then JENNIFER M. LYONS shall act with all rights and responsibilities given to the original agents. Bond shall not be required of my agents.

I. POWERS I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Ind. Code §30-5-5. The powers given herein shall be considered limited so that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property and which would cause that property to be taxed as owned by the attorney-in-fact, it being my intention not to grant any beneficial interests in my estate by this instrument. My attorney-in-fact shall have the following powers:

Real Property. General authority with respect to real property transactions pursuant to Ind. Code §30-5-5-2.

Tangible Personal Property. General authority with respect to tangible personal property pursuant to Ind. Code §30-5-5-3.

Bonds, Commodities and Shares. General authority with respect to bonds, commodities and shares pursuant to Ind. Code §30-5-5-4. This authority shall not include any power to purchase commodities, any power to sell short or to initiate a margin transaction and any power to purchase put or call options. This authority shall include the power to purchase United States Government obligations which are redeemable at par value in payment of estate taxes imposed by the United States Government.

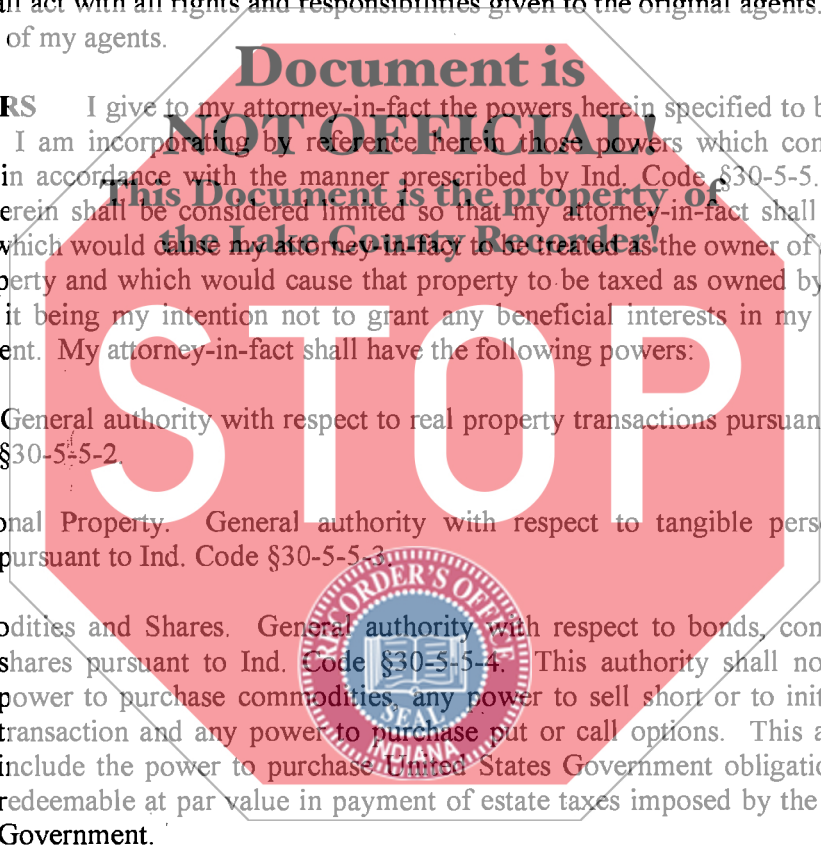
Retirement Plans. General authority with respect to retirement plans pursuant to Ind. Code §30-5-5-4.5.

Banking. General authority with respect to banking transactions pursuant to Ind. Code §30-5-5-5.

Business. General authority with respect to business operating transactions pursuant to Ind. Code §30-5-5-6.

Insurance. General authority with respect to insurance transactions pursuant to Ind. Code §30-5-5-7. This authority shall include the right to change, directly or indirectly, the beneficiary of any policy insuring my life to any natural person. This authority

CHICAGO TITLE INSURANCE COMPANY
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shall include full power to apply for and otherwise deal with Medicare and Medicaid benefits.

Transfer on Death Designations. General authority with respect to transfer on death or payable on death transfers pursuant to Ind. Code §30-5-5-7.5.

Beneficiary. General authority with respect to beneficiary transactions pursuant to Ind. Code §30-5-5-8.

Gifts. General authority with respect to gift transactions pursuant to Ind. Code §30-5-5-9; additionally, this authority shall include the power to make a gift or gifts at any time or times of any or all of my assets, cash, property or interests in property, including any right to change the beneficiary on any policy of life insurance I may own, to those persons and in the same proportions as set forth either in the residuary clause of my Revocable Living Trust or Last Will and Testament or if none, then in the laws of intestate succession of the State in which I am domiciled at the time of such gift, and without regard to any restrictions on aggregate yearly value of a gift to an individual as set forth in I.C. 30-5-5-9. To the extent that my attorney-in-fact is a beneficiary of the residue of my estate as set forth in my Revocable Living Trust or Last Will and Testament, or if none, is an heir of mine as determined under the laws of intestate succession of the State in which I am domiciled at the time of such gift, then my attorney-in-fact is specifically authorized to receive a proportionate share of any gift made of my assets.

Fiduciary. General authority with respect to fiduciary transactions pursuant to Ind. Code §30-5-5-10.

Claims and Litigation. General authority with respect to claims and litigation pursuant to Ind. Code §30-5-5-11.

Family Maintenance. General authority with respect to family maintenance pursuant to Ind. Code §30-5-5-12.

Military Service Benefits. General authority with respect to benefits from military service pursuant to Ind. Code §30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Department of Veterans Affairs.

Records, Reports, and Statements. General authority with respect to records, reports, and statements pursuant to Ind. Code §30-5-5-14; including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.



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Electronic Records. General authority with respect to electronic records, reports, and statements pursuant to Ind. Code §30-5-5-14.5.

Estate Transactions. General authority with respect to estate transactions pursuant to Ind. Code §30-5-5-15, including the power to create irrevocable trusts, specifically including, but not limited to a Qualified Income Trust, also known as a Miller Trust.

Health Care Decisions. General authority with respect to health care, including the withholding or withdrawal of health care in accordance with I.C. 30-5-5-16 and I.C. 30-5-5-17.

I authorize my health care representative 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 health care representative 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 health care representative 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.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative 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 health care representative may also discuss this decision with my family and others, to the extent they are available.

I intend for my health care representatives named herein 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 authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164. I authorize: any physician, health-care 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 health-care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my health care representatives named herein, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

The authority given my health care representatives shall supersede any prior

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agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my health care representatives has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.

Delegate. General authority with respect to delegating authority pursuant to Ind. Code §30-5-5-18.

All Other Matters. General authority with respect to all other matters pursuant to Ind. Code §30-5-5-19.

II. GUARDIAN If it becomes necessary to secure the appointment of a guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate probate court to appoint as my guardian or as the person to act on my behalf, the agents named herein, in the order they are listed.

III. FEES My attorney-in-fact shall be entitled to a fee for services provided as my attorney-in-fact.

IV. LIABILITY AND INDEMNITY My attorney-in-fact shall only be liable for actions undertaken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue 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.

V. EFFECTIVE DATE AND INCAPACITY

- A. This power of attorney shall be effective as of the date it is signed.
- B. My disability or incompetence shall not affect or terminate this Power of Attorney.
- C. This power of attorney shall terminate upon the execution and recordation with the Recorder's Office of the County of my domicile a written revocation thereof.

VI. REVOCATION

I hereby reserve the right to revoke this power of attorney at any time.

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IN WITNESS WHEREOF, I have hereunto set my hand this 25th day of February, 2019.


CAROLE LADENDORF

STATE OF INDIANA
COUNTY OF LAKE

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared CAROLE LADENDORF and signed the above and foregoing Durable Power of Attorney by signature or mark.

IN WITNESS WHEREOF, I do hereby set my hand and notarial seal as of the 25th day of February, 2019.

SHERRI KOWAL
Notary Public - Seal
Porter County - State of Indiana
Commission Number 706102
My Commission Expires Oct 10, 2025



Affirmation required by I. C. 36-2-11-15:

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.

William J. Green, Attorney 16725-49

This instrument prepared by William J. Green, GREEN LAW OFFICES P.C., 15 Franklin Street, Suite 235, Valparaiso IN 46383; ph (219) 548-8787.