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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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MICHAEL D. BROWN

THIS INSTRUMENT PREPARED BY:  
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THIS IS TO CERTIFY THAT THIS IS A TRUE  
AND EXACT COPY OF THE ORIGINAL INSTRUMENT.  
FIDELITY NATIONAL TITLE INSURANCE CO.  
11364 BROADWAY  
CROWN POINT, IN 46307

BY Margaret Gasior Manning

**DURABLE POWER OF ATTORNEY  
FOR FINANCIAL DECISIONS**

I, Cynthia Gasior, of Nashville, Tennessee, revoke any durable power of attorney for financial decisions which I have previously signed and direct that those powers of attorney shall have no further force or effect.

I appoint my sister, Margaret Gasior Manning, of Nashville, Tennessee, to be my true and lawful attorney-in-fact, to act for me, and in my name and on my behalf, with full power to generally manage and look after all of my property, interests and business affairs of every kind and character. If the attorney-in-fact appointed herein dies, becomes incapacitated, or refuses to serve or continue to serve, I appoint my nephew, Steven Thomas Manning, of Nashville, Tennessee to be my successor attorney-in-fact. If the successor attorney-in-fact appointed herein dies, becomes incapacitated, or refuses to serve or continue to serve, I appoint Richard A. Manning, of Nashville, Tennessee to be my successor attorney-in-fact.

Without limiting the foregoing general grant of power and authority, I specifically empower and authorize my attorney-in-fact for me and in my name and on my behalf, to exercise all or any of the powers set forth in Tennessee Code Annotated §34-6-109, as from time to time amended, to the extent applicable, the provisions of which are incorporated herein by this reference. In addition, my attorney-in-fact shall have the following specifically enumerated powers:

To ask, demand, collect, endorse where required, and receive all such checks, funds, debts, accounts, bequests, insurance, and all other benefits and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me, from whatever source, and to have, use and take all lawful means in my name or otherwise for the recovery thereof, by suit or otherwise, and to compromise with respect to and give acquittance or releases and discharges for the same;

To purchase, rent, and otherwise acquire, and to sell, transfer, convey, lease, mortgage, pledge and otherwise dispose of or grant security interests in, and to contract for and with respect to, any form or type of real or personal property or interest in property;

To make deposits to, draw checks on or otherwise make withdrawals from any bank account or savings or loan account or other cash account in my name; and to enter and have free access to any safe deposit box in my name for the purpose of adding property thereto or removing property therefrom;

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**FIDELITY NATIONAL  
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*Ed Stone*  
*JAS*

To subscribe for, purchase, sell, assign, pledge, endorse, or transfer any stocks, bonds, commercial paper, bank acceptance or any other security or negotiable instrument and collect the income therefrom;

To prepare or arrange for and sign any income or other tax return and make payment of any tax, and to arrange for and maintain any form of insurance;

To make annual gifts to my children and grandchildren, whether outright or in trust, to use the available federal gift tax annual exclusion under Code §2503(b) and/or unlimited exclusion for tuition or medical expenses under Code §2503(e);

To make annual gifts, grants or contributions to those charitable organizations to which I have previously made contributions, but not in excess of the annual amounts previously given by me to each charitable organization, so long as such gifts qualify for the federal income tax charitable deduction;

To transfer any assets to a revocable trust created primarily for my benefit during my life;

To renounce or disclaim any property or interest in property or powers to which I may become entitled, whether by gift or testate or intestate succession;

To (i) access, use and control my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops for the purpose of accessing, modifying, deleting, controlling or transferring my digital assets, and (ii) access, modify, delete, control, and transfer my digital assets, including but not limited to, catalogues and content of electronic communications, digital music, digital photographs, digital videos, software licenses, email accounts, imessages and text messages, social network accounts, gaming accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops.

For these purposes, I empower my said attorney-in-fact to execute, acknowledge and deliver for me and in my name all such contracts, releases, receipts, checks and other instruments as my attorney-in-fact deems proper; and any person dealing with my said attorney-in-fact, shall not to any degree be responsible for the exercise of such discretion.

I specifically authorize my attorney-in-fact to act on my behalf as my personal representative for all purposes under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC §1320d and the HIPAA privacy regulations, 45 CFR §§ 160 and 164, as amended from time to time. My attorney-in-fact shall have the authority to receive all individually identifiable health information about me, including protected health information, to access, inspect and copy my protected health information, to require an accounting of disclosures

of my protected health information and to authorize disclosure of my protected health information, in the same manner as if I had requested such information or authorized its disclosure myself.

This power of attorney shall not be affected by my subsequent disability or incapacity, to the maximum extent provided by Tennessee Code Annotated §34-6-101 et seq., or any other applicable law, it being my intent to create a durable general power of attorney.

Nothing contained in this instrument shall authorize my attorney-in-fact to make any decisions regarding medical treatment or health care, except as incidental to decisions regarding property and finances.

IN WITNESS WHEREOF, I have hereunto signed my name, this 24<sup>th</sup> day of April, 2018.

Cynthia Gasior  
Cynthia Gasior

STATE OF TENNESSEE )  
 )  
COUNTY OF DAVIDSON )

Before me, a Notary Public in and for the County and State aforesaid, personally appeared Cynthia Gasior, the within named bargainer with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and seal of office in Nashville, Tennessee, this 24<sup>th</sup> day of April, 2018.

Meghan E. Reed  
NOTARY PUBLIC

My Commission Expires September 7, 2021  


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

Rence J. Wells  
Rence J. Wells