

This is to certify that this is a true and exact copy of the original instrument.
CHICAGO TITLE INSURANCE CO.

DURABLE POWER OF ATTORNEY

Indiana Division

OF

By [Signature]

GLADYS JENKINS

ctnw1904591
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I, **GLADYS JENKINS**, of Lake County, State of Indiana, do hereby designate and appoint my son **KENNETH JENKINS**, of Gary, Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, and personal decisions for me in my name, place and stead as authorized in this document.

I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under such prior powers, including those of all successor agents named or contemplated therein, if any.

My Attorney-in-Fact is authorized, in his sole absolute discretion, with respect to any and all of my property and interests in property, real, personal, and mixed, and matters affecting my financial and personal interests, to proceed on my behalf as outlined below.

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1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, saving accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions:
 - a. conduct any business with any banking or financial institution with respect to any of my accounts including but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell, or transfer any note, security or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safe deposit box that I might own, including its contents.

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2. Purchase and/or maintain insurance and annuity contracts, including life insurance upon my life.
3. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
4. Enter into binding contracts on my behalf.
5. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, commodities, options, or other investments.
6. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
7. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
 - a. Prepare, sign, and file income and other tax returns with federal, state, local, and other governmental bodies.
 - b. Obtain information or documents from any government or its agencies and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.
 - c. Prepare applications, provide information, and perform any other act reasonable requested by any government or its agencies in connection with governmental benefits (including medical, military, disability, and social security benefits) and to appoint anyone, including my Attorney-in-Fact, to act as my "Representative Payee" for the purpose of receiving Social Security benefits.
8. Exercise healthcare responsibilities:
 1. Have access to my healthcare and medical records and statements in regards to billing, insurance and payments.
 2. Employ or contract with servants, companions, or health care providers to care for the principal.

3. Admit or release the principal from a hospital or health care facility.
4. Have access to records, including medical records, concerning the principal's condition.
5. Make anatomical gifts on the principal's behalf.
6. Request an autopsy.
7. Make plans for the disposition of the principal's body, including executing a funeral planning declaration on behalf of the principal.
8. Make healthcare decisions related to my health and well being if I'm not intelligently able to do so.

This power of Attorney shall be construed broadly as a Durable Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

My Attorney-in-Fact shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Attorney-in-Fact shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of the Power of Attorney. A successor Attorney-in-Fact shall not be liable for acts of a prior Attorney-in-Fact.

No person who relies in good faith on the authority of my Attorney-in-Fact under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Attorney-in-Fact to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Attorney-in-Fact shall not be entitled to compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.

My Attorney-in-Fact shall provide an accounting for all funds handled as required under state law or upon my request.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power

of Attorney. This Power of Attorney shall continue until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Attorney-in-Fact.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 11 day of 4, 2019.

Gladys Jenkins
GLADYS JENKINS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Gladys Jenkins, who acknowledged the execution of the foregoing Durable Power of Attorney this 11 day of April, 2019.

WITNESS my hand and notarial seal.
This Document is the property of the Lake County Recorder!

Robert L. Lewis
Notary Public

This instrument prepared by Robert L. Lewis, Esq., Attorney # 10070-45, Robert L. Lewis and Associates 2148 W. 11th Avenue, Gary, IN 46404.



Robert L. Lewis
Notary Public
Seal
Porter County, State of Indiana
Commission # 658939
Commission expires 10/5/22

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 DM