

**GENERAL DURABLE POWER OF ATTORNEY
GIVEN BY
ALLEN BEELER, JR.**

I, ALLEN BEELER, JR., now residing in Lake County, Indiana, do hereby make, constitute and appoint my Wife, JUDITH BEELER to serve as my Attorney-In-Fact (hereinafter sometimes referred to as "my Attorney") and in my name, place and stead, to exercise all or any of the following powers, upon such terms and conditions as my Attorney, in her sole discretion, deems appropriate. If my Attorney fails to qualify, or ceases to serve for any reason, then MICHELE STROUD shall serve as my Successor Attorney-In-Fact.

This Power of Attorney shall be ineffective until such time as my attending physician, certifies in writing that I am unable to manage my affairs.

1. AUTHORITY TO MANAGE AND SELL. To manage, control, lease, mortgage, encumber, transfer, sell, convey, exchange or otherwise dispose of any or all property or interest or estate in property to which I am now or may hereafter become entitled, regardless of the nature of such property, whether real, personal or mixed and regardless of the character or extent of my interest or estate therein, and for the purpose of the foregoing to execute, acknowledge and deliver in my name any and all instruments of conveyances, deeds of trust, or assignments in such form and with such warranties and covenants as my Attorney, in his sole discretion, deems appropriate.
2. AUTHORITY TO CONTRACT. To contract, agree for, purchase, receive and take any property or interest or estate in property, whether real, personal or mixed, and to accept possession of the same.
3. OPTIONS AND ELECTIONS. To grant, sell, transfer, exchange, purchase, acquire or exercise any option, election or power in respect of any property, whether real, personal or mixed.
4. VOTE. To vote any stocks, bonds, or other securities, and to exercise any other election or power which I may now or hereafter have in respect of the organization, dissolution or management of any corporation, and to delegate the power to so vote by proxies or otherwise.
5. SECURITIES. To sell any of my property, whether real or personal or mixed and to deliver any stock, securities, bond, deed or obligation.
6. BORROWING AND LENDING. To borrow money and to make loans of money.

STATE OF INDIANA
LAKE COUNTY
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7. AUTHORITY TO SIGN DOCUMENTS. To sign, seal, execute, deliver and acknowledge deeds, leases, mortgages, security agreements, financing statements, hypothecations, bills, bonds, notes, contracts, agreement, receipts, evidences of debts, releases, satisfaction of deeds of trust or mortgages, judgments and other debts and such other instruments in writing of whatever kind and nature.
8. SAFE DEPOSIT BOXES. To enter and have access to any safe deposit box to which I am entitled to access and to place therein or remove there from any property or documents.
9. BANK ACCOUNTS. To deposit in my name and for my account, in any banking institution, building and loan association, saving and loan association, or credit association, all monies, bills of exchange, drafts, checks, promissory notes, and other securities for money payable or belonging to me, and for that purpose to sign my name and endorse the same for deposit or collection, and from time to time to withdraw any and all monies deposited with any of the foregoing, and for that purpose to draw checks or sign other instruments in my name.
10. SIGN CHECKS. To sign in my name any check, draft, note or other negotiable or non-negotiable commercial instrument which I might lawfully sign in person, whether as maker, drawer or endorser.
11. TAX RETURNS. To prepare, sign and file returns of property or income or other returns for taxation by any taxing authority whatever, and to make any other agreements or sign any other instruments with any taxing authority whatever.
12. COLLECTION. To ask, demand, use for, recover, collect and receive all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, employee benefits, insurance benefits and demands whatever as are now or shall hereafter become due, owing, and payable or belonging to me and to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by legal proceedings, or otherwise deal with and settle claims and in connection therewith to give full discharges and releases from the same.
13. EMPLOYMENT OF ASSISTANTS. To employ and compensate agents, accountants, brokers, attorneys-in-fact, attorneys-at-law, tax specialists, real estate brokers, licensed salesmen and other assistants and advisors.
14. ESTABLISH TRUSTS. To establish trusts for my benefit.

15. HEALTH CARE. To employ or contract with servants, companions or health care providers to care for me; if my Attorney is an individual, to consent to or refuse health care for me by properly executing and attaching to this Power of Attorney a declaration pursuant to I.C. 16-36-1-7 or an appointment pursuant to I.C. 16-36-1 et. seq.; or both; to admit or release me from a hospital or health care facility; to have access to records, including medical records, concerning my condition; to make anatomical gifts on my behalf; and to request an autopsy.

16. DELEGATING AUTHORITY. To delegate in writing to one (1) or more persons any or all powers given to my Attorney.

17. GENERAL AUTHORITY. To act as my alter ego with respect to all possible matters and affairs affecting property owned by me and that I can perform through an attorney-in-fact.

18. AUTHORITY TO MAKE GIFTS. Authority with respect to gift transactions pursuant to Ind. Code 30-5-5-9, including the power to make gifts of my property, in trust or otherwise, to my attorney-in-fact or others, without limitation as to amounts, in excess of or less than the amount excluded from gifts under Section 2503(b) of the Internal Revenue Code of 1986, as amended, or any successor thereto and without regard to the specific restrictions on aggregate annual value for gifts to individuals that are set forth in I.C. 30-5-5-9, and to engage the services of attorneys and others for the purpose of doing Medicaid eligibility planning which includes making transfers that allow my assets and/or income to be distributed to those individuals who would otherwise benefit from my estate, including my attorney-in-fact.

MEDICAID PLANNING. Additionally, gifts may be made to facilitate my qualifying for the receipt of government benefits for my long term health care and nursing home care needs, (i.e. old age pension or Medicaid benefits). Any gifts made pursuant to this paragraph are to be made unconditionally to my adult children or other adults who are part of my family as determined in my Agent's sole discretion. Such gifts shall be irrevocable, and my Agent is authorized to make such gifts so long as my long term care is reasonably provided for by my Agent from the assets subject to this Power, or otherwise during the time period I would be disqualified from receiving long term care and/or medical assistance under the state of Indiana "Medicaid Program" and the gifts are to those individuals who generally would take my assets pursuant to my then existing testamentary plan. Any gifts may be made outright or in trust and may include both real and personal property. Any gifts made pursuant to this paragraph by my Agent may also include a gift to my Agent so long as (i) said gift is part of my established estate plan, if I have one, or pursuant to the law of intestate succession

if I were deceased; and (ii) it is made pro rata among all my anticipated heirs as provided for in my established estate plan or pursuant to the laws of intestate succession as may be appropriate. No limit as to the form or size of any gift is hereby imposed. Note: The power to make a gift is intended to be granted hereby only as to such powers stated above and only for those gift purposes as stated above.

PROVIDED FURTHER:

19. WITHDRAWAL OR WITHHOLDING OF HEALTH CARE. My Attorney has the authority to consent to or refuse health care pursuant to paragraph 15 herein, my Attorney is empowered to ask, in my name, for health care to be withdrawn or withheld when it is not beneficial, or when any benefit is outweighed by the demands of the treatment and death may result. Pursuant to the requirements of an appointment under I.C. 16-36-1 et. seq. I empower my Attorney as follows:

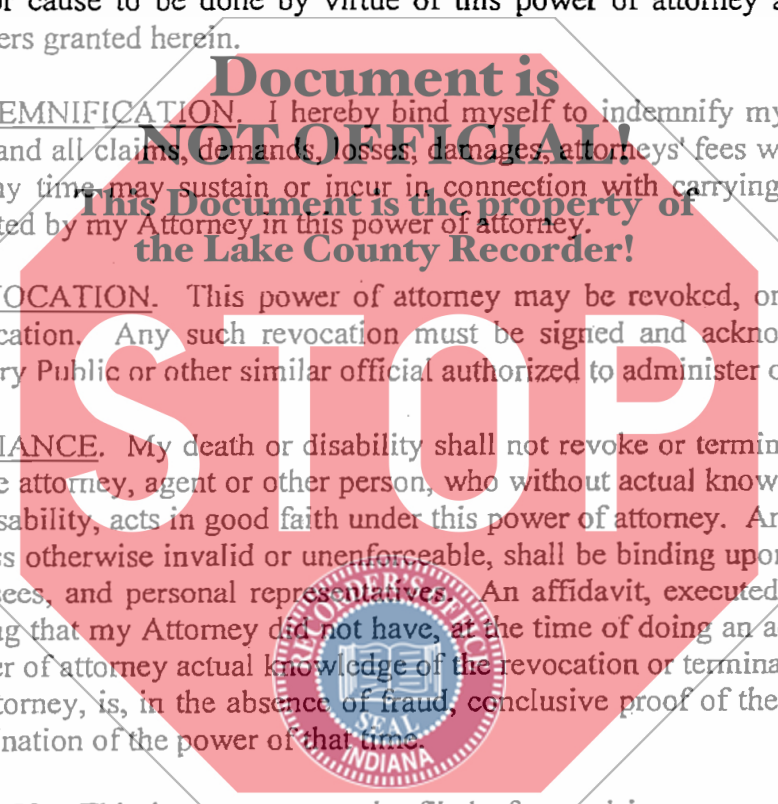
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I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative 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.

Nothing contained herein shall be construed to authorize euthanasia.

20. STATUTORY AUTHORITY. In addition to the powers and authority granted to my Attorney herein, I do hereby adopt the provisions of Sections 2 to 15, both inclusive, of I.C. 30-5-5, and the powers therein set forth are incorporated herein by reference and govern the powers and authority of my Attorney as to real property transactions, tangible personal property transactions, bond, share and commodity transactions, insurance transactions, beneficiary transactions, gift transactions, fiduciary transactions, claims and litigation, family maintenance, benefits from military service, records, reports and statements, and estate transactions.

21. COMPENSATION. My Attorney shall be entitled to reasonable compensation for services rendered.
22. LIMITATION ON AUTHORITY. Any authority granted to my Attorney shall be limited so as to prevent this power of attorney from causing my Attorney to be taxed on my income and from causing my Attorney to be treated as having a general power of appointment (as that term is defined in Section 2041 of the Internal Revenue Code) over any part or all of my estate.
23. RATIFICATION. I hereby ratify and confirm all that my Attorney shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers granted herein.
24. INDEMNIFICATION. I hereby bind myself to indemnify my Attorney against any and all claims, demands, losses, damages, attorneys' fees which my Attorney, at any time may sustain or incur in connection with carrying out the authority granted by my Attorney in this power of attorney.
25. REVOCAION. This power of attorney may be revoked, only by my written revocation. Any such revocation must be signed and acknowledged before a Notary Public or other similar official authorized to administer oaths.
26. RELIANCE. My death or disability shall not revoke or terminate this agency as to the attorney, agent or other person, who without actual knowledge of my death or disability, acts in good faith under this power of attorney. Any action so taken, unless otherwise invalid or unenforceable, shall be binding upon me and my heir, devisees, and personal representatives. An affidavit, executed by my Attorney, stating that my Attorney did not have, at the time of doing an act pursuant to this power of attorney actual knowledge of the revocation or termination of this power of attorney, is, in the absence of fraud, conclusive proof of the nonrevocation or termination of the power of that time.
27. COPIES. This instrument may be filed of record in any one or more counties within and without the State of Indiana or elsewhere as may be deemed appropriate by my Attorney, and copies of this instrument, certified as true or exact copies by the County Clerk of any of said counties, shall be treated as original copies for all purposes.
28. CAPTIONS. All titles, headings and captions used herein have been included for convenience of reference only and shall not be deemed to define or limit these provisions or to affect in any way the construction or application of these provisions.



29. DISABILITY. Pursuant to the provisions of I.C. 30-2-11 et seq., this power of attorney shall not terminate upon my disability or incompetence but shall continue in full force and effect notwithstanding such disability or incompetence.
30. NO DUTY TO ACT. My Attorney shall not be liable for failing to exercise any of the authority given my Attorney unless such failure shall be the result of willful misconduct.

Signed this 17th day of May, 2014 before the person named below, as witness, who has duly witnessed by signing of this instrument.

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Allen Beeler Jr.
ALLEN BEELER, JR., Grantor

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STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

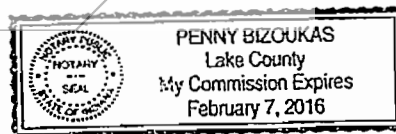
BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this date personally appeared ALLEN BEELER, JR., known to me to be the person whose name is subscribed to the foregoing General Power of Attorney and acknowledged to me that she executed it for the purposes therein specified.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 17th day of May, 2014.



Penny Bizoukas
Notary Public - Penny Bizoukas

County of Residence: Lake
Commission Expires: February 7, 2016



This instrument prepared by:

Jewell Harris, Esq.
HARRIS LAW FIRM, P.C.
11051 Broadway, Suite C2
Crown Point, IN 46307
(219) 661-1110

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

Victor H. Prasco