

2019-080855

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

**DURABLE POWER OF ATTORNEY
AND HEALTH CARE POWER OF ATTORNEY**

ATTORNEY IN FACT

I, BRUNO J. PANOZZO, hereby create a durable Power of Attorney, "Power", and appoint the following person as my Attorney In Fact with power to act for me according to Indiana Code I.C. 30-5-5, as it now exists or as it may be amended in the future, excluding I.C. 30-5-5-16 and 30-5-5-17:

DEBRA AERTS, of Lake County, Indiana
KENNETH PANOZZO, of Harris County, Texas

24746
NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

A. POWERS:

I give my Attorney In Fact, including any Successor Attorney In Fact, the powers contained in this Power. These powers are granted upon the condition they will be used for my benefit and on my behalf and will be exercised only in a fiduciary capacity.

- (1) **TRUST AGREEMENT.** Authority with respect to delivering and conveying my assets to the then Trustee of any Trust executed by me, as the same may be amended from time to time before my death;
- (2) **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2;
- (3) **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3;
- (4) **BOND, SHARE, AND COMMODITY.** Authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4. This authority includes the power to purchase United States Government obligations which are redeemable at par in payment of estate taxes imposed by the United States Government;
- (5) **BANKING.** Authority with respect to banking transactions pursuant to I.C. 30-5-5-5, including but not limited to, the authority to have access to any and all safety deposit boxes in my name, and to open, inspect, inventory, place items in or remove items from and close any safety deposit boxes;
- (6) **BUSINESS.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6;
- (7) **INSURANCE.** Authority with respect to insurance transactions pursuant to I.C. 30-5-5-7 provided that references in I.C. 30-5-5-7(a) (2) and (3) to "Section 8" are changed to "Section 9." This authority shall include full power to apply for and otherwise deal with medicare and medicaid benefits;



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(8) **BENEFICIARY.** Authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8;

(9) **GIFTS.** Authority with respect to gift transactions pursuant to I.C. 30-5-5-9, without regard to any limits on dollar amounts that are stated in I.C. 30-5-5-9 and without any prohibition against self-dealing except as provided below;

(10) **FIDUCIARY.** Authority with respect to fiduciary transaction pursuant to I.C. 30-5-5-10;

(11) **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to I.C. 30-5-5-11;

(12) **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to I.C. 30-5-5-12;

(13) **MILITARY SERVICE.** Authority with respect to benefits from military services pursuant to I.C. 30-5-5-13;

(14) **RECORDS, REPORTS, AND STATEMENTS.** Authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14, including, but not limited to, the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my Attorney In Fact to act on my behalf before that taxing authority on any return or issue;

(15) **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15;

(16) **DELEGATING AUTHORITY.** Authority with respect to delegating authority in writing to one (1) or more persons as to any or all powers given to my Attorney In Fact by this Power, pursuant to I.C. 30-5-5-18;

(17) **PENSION.** To act in my place and stead in any way which I myself could do, if I were personally present and with respect to the following matters of my pension plan to the extent that I am permitted by law to act through an agent: to execute banking agreements relating to the deposit of pension or retirement funds so long as I remain the principal on the account; to execute a change of address for plan records; to change a federal or state tax withholding statement for plan distributions.

(18) **ALL OTHER MATTERS.** Authority with respect to all other possible matters and affairs affecting property owned by me pursuant to I.C. 30-5-5-19.

In the exercise of any powers described in this Power, my Attorney In Fact shall have full power and authority to do and perform every act and thing necessary, proper or convenient to be done as fully to all intents and purposes as I might or could do for myself.



Notwithstanding the foregoing, in no event shall my Attorney In Fact have any of the following power:

(a) To benefit himself, herself, or any other person in any way that could result in any part of my property being included in my Attorney In Fact's gross estate for federal estate tax purposes, or cause any part of my property to be deemed to be the subject of a taxable gift made personally by my Attorney-In Fact;

(b) To make any payment, or application which discharged any legal obligation of my Attorney In Fact;

(c) To possess the power to exercise any incident of ownership with respect to any policy I own insuring the life of my Attorney In Fact;

(d) To have any power which causes the holder of the power to be treated as the owner of any interest in my property and which causes that property to be taxed as owned by the Attorney In Fact.

I ratify and confirm all that my Attorney In Fact does, or causes to be done, under the authority granted in this Power. All documents signed, endorsed, drawn, accepted, made, executed, or delivered by my Attorney In Fact shall bind me, my estate, my heirs, successors and assigns.

HEALTH CARE POWER OF ATTORNEY

I appoint the following persons as my Health Care Power of Attorney, in the order in which their names appear, with power to act for me in accordance with I.C. 16-36-1 as shown by the power of appointment under I.C. 16-36-1 which is attached to this power of attorney pursuant to I.C. 30-5-5-16(b)(2) and I.C. 30-5-5-17:

DEBRA AERTS, of Lake County, Indiana
KENNETH PANOZZO, of Harris County, Texas

A. POWERS:

I give my Health Care Power of Attorney, including any Successor Health Care Power of Attorney, the powers contained in this Power.

(1) **HEALTH CARE POWERS.** Employ or contract with all types of health care providers on the principal's behalf; consent to or refuse health care for the principal in accordance with I.C. 16-36-4-6 et.seq. and 16-18-2-5 et.seq.; and perform all actions granted under I.C. 30-5-5-16 and I.C. 30-5-5-17.

(2) **DELEGATING AUTHORITY.** Authority with respect to delegating authority in writing to one or more persons as to any or all powers given to my Health Care Power of Attorney by this Power, pursuant to I.C. 3-5-5-18.

1. **EFFECTIVE DATE:**

The Powers granted herein shall not be affected by the lapse of time and shall only become effective upon my disability or incapacity. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. The individuals appointed herein shall be fully protected and free from any liability for any payment, application or accumulation made or other action taken in reliance upon such a certificate. My disability or incapacity shall be deemed terminated when a qualified physician shall so certify. If 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 of Attorney be appointed to that office.

The powers granted herein shall become effective when:

- (a) A physician, licensed to practice in the State where I am domiciled at the time of the certification certifies that I am unable to care for myself, or manage my affairs;
- (b) The appointment of a guardian or conservator of my person or estate by a Court of competent jurisdiction.

My disability or incapacity shall be terminated when:

- (a) A physician (qualified as required above) certifies that I am able to care for myself, or manage my affairs;
- (b) The termination of the appointment of my guardian or conservator by a Court of competent jurisdiction.

A certified copy of the decree terminating my guardianship or conservatorship, or the physicians certificate, as required above, shall be attached to the original of this Power and recorded in the same County or Counties as the original, if the original is recorded.

2. **RELIANCE BY THIRD PARTIES:**

To induce third parties to act in accordance with the powers granted herein, I represent and warrant that:

- (a) If this Power is revoked or amended for any reason, I, my estate, my heirs, successors, and assigns, will hold any third party harmless from any loss suffered, or liability incurred, by the third party in acting in accordance with this Power before the third party's receipt of written notice of termination or amendment;
- (b) The powers conferred herein may be exercised alone; the signature of the individuals appointed herein or their actions under the authority granted in this Power

may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf;

(c) No person who acts in reliance upon any representation of the individuals appointed herein as to the scope of the authority granted under this Power shall incur any liability to me, my estate, my heirs, successors, or assigns for permitting said individuals to exercise any such power, nor shall any person who deals with said individuals be responsible to determine or ensure the proper application of funds or property;

3. TERMINATION:

I revoke all prior appointments that I may have executed. I retain the right to revoke or amend this Power and to substitute others in place of any of those named in this Power. The Powers granted herein shall continue in full force and effect until I, personally, have signed a written document specifically revoking said Powers. Amendments shall be made in writing by me personally. Any revocation or amendment must be recorded in the same County or Counties as the original, if the original is recorded.

4. GUARDIANSHIP:

In the event a proceeding is brought to establish a guardianship for me, I appoint the individual then acting, or eligible to act, as my Attorney In Fact, to serve as guardian, and to have responsibility for the care, custody, and management, and supervision of my property and physical person.

5. SIGNATURE FORM:

My Attorney-in fact may use the following form when signing on my behalf:

By DEBRA AERTS or KENNETH PANOZZO, his Attorney in Fact

6. GENERAL PROVISIONS:

(a) Persons dealing with the individuals appointed herein may rely fully on a photostatic copy of this Power;

(b) If any of the provisions of this Power are found to be invalid for any reason, this invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded;

(c) All questions pertaining to validity, interpretation, and administration of this Power shall be determined in accordance with the laws of Indiana;

(d) The individuals appointed herein shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence;

(e) I have been advised of the powers outlined under Indiana Code 30-5-5 which are incorporated by reference in Section 1 of this Power. I am incorporating by reference herein those which comply with my wishes.

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I appoint the following individual to serve as my Health Care Representative:

DEBRA AERTS, of Lake County, Indiana
KENNETH PANOZZO, of Harris County, Texas

to act for me in matters of health care in accordance with I.C. 16-36-1-1, et seq, as they now exist or as they may be amended in the future. Among the powers granted to my Health Care Representative, it is my intention to include the power to select, engage, and discharge health care providers and facilities and the power to withhold or withdraw consent to health care as well as the power to grant consent.

This appointment is subject to the following terms and conditions:

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.

If I have executed a Living Will, I request that my Health Care Representative honor my wishes as expressed therein.

I furthermore authorize, nominate and appoint DEBRA AERTS or KENNETH PANOZZO as my Agent to act as my "personal representative" pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 [45 CFR parts 160 and 164].

My Representative is authorized to delegate all or part of this authority to any eligible individual who has not been disqualified as provided in I.C. 16-36-1-1, et seq, as amended from time to time hereafter.

This appointment of my Health Care Representative is not to be considered a contradiction of a Living Will I may execute, whether simultaneously, previously, or hereafter. My Living Will shall be considered as expressing my intention, but my Health Care Representative's action in consenting to, withholding of or withdrawing consent to life-prolonging procedures shall take precedence.

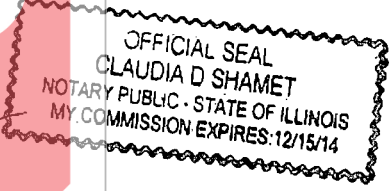
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12th day of April, 2011.

Bruno J. Panozzo
BRUNO J. PANOZZO
Document is NOT OFFICIAL!

STATE OF ILLINOIS
COUNTY OF COOK
This Document is the property of the Lake County Recorder!

On this 12th day of April, 2011, before me, a Notary Public in and for this County, personally appeared BRUNO J. PANOZZO, to me known to be the person described in and who executed the within instrument and who acknowledge the same to be his free act and deed.

Claudia D. Shamet
Printed: CLAUDIA D. SHAMET
Notary Public, DuPage County, Illinois
My Commission Expires: _____



This document prepared by: Richard Witham, UAW Legal Services Plan, licensed to practice in Indiana and Illinois, 1579 Huntington Drive, Calumet City, IL 60409

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.

[Signature]
Richard Witham
Attorney at Law