

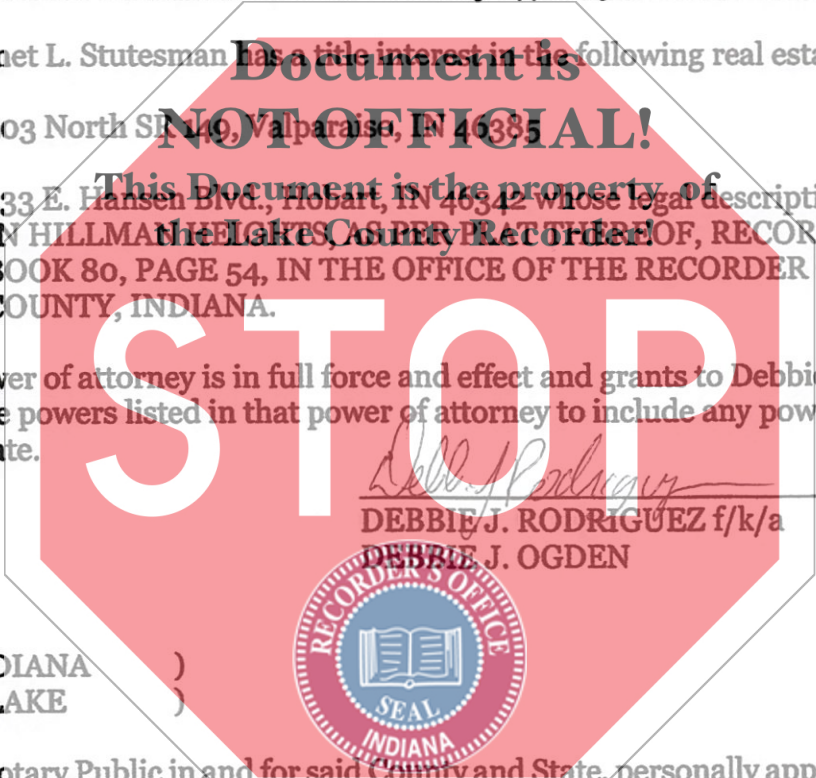
Notice of Power of Attorney

I, Debbie J. Rodriguez f/k/a Debbie J. Ogden, being duly sworn upon her oath states as follows:

1. The statements in this notice are based upon my personal knowledge;
2. Attached hereto and incorporated herein as Exhibit "A" is a General Durable Power of Attorney given by Janet L. Stutesman to Robert L. Stutesman and me on January 19, 2016; *See attached marriage license.*
3. That Robert L. Stutesman died on February 27, 2019 in Porter County, Indiana; *See attached death certificate*
4. That Janet L. Stutesman has a title interest in the following real estate:

- A. 503 North St. 149, Valparaiso, IN 46385
- B. 533 E. Hansen Blvd., Hobart, IN 46342 whose legal description is LOT 18 IN HILLMAN THE LAKE COUNTY RECORDER, RECORDED IN PLAT BOOK 80, PAGE 54, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

5. The power of attorney is in full force and effect and grants to Debbie J. Rodriguez all of the powers listed in that power of attorney to include any power referring to real estate.



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

2019-088209

2019 Dec 19 11:50 AM

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared DEBBIE J. RODRIGUEZ f/k/a DEBBIE J. OGDEN, and acknowledged the execution of the foregoing instrument this 18th day of DECEMBER, 2019.

NATALIE CARTAGENA
Notary Public - Seal
Porter County - State of Indiana
Commission Number NP0719302
My Commission Expires Mar 20, 2027

Natalie Cartagena
Natalie Cartagena, Notary Public
Porter County Resident
Comm Exp: March 20, 2027

I swear and 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 - John S. Dull

JOHN S. DULL #4628-45
PO Box 14058
Merrillville, IN 46411

\$25.00

#6115
BT

**GENERAL DURABLE POWER OF ATTORNEY
GIVEN BY
JANET L. STUTESMAN.**

I, JANET L. STUTESMAN, now residing in Porter County, Indiana, do hereby make, constitute and appoint ROBERT L. STUTESMAN as my true and lawful Attorney (hereinafter sometimes referred to in the singular 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 his sole discretion deems appropriate. If ROBERT L. STUTESMAN should fail to qualify, or ceases to serve, for any reason, I nominate and appoint DEBBIE J. OGDEN to serve in his stead.

All powers of attorney not applicable to a specific property interest owned by me and identified in the power of attorney executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all powers of attorney not revoked.

1. **AUTHORITY TO MANAGE AND SELL PROPERTY.** 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. **VOIE.** 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.
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 therefrom 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 promissory 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. **DELEGATING AUTHORITY.** To delegate in writing to one (1) or more persons any or all powers given to my Attorney.
16. **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.

PROVIDED FURTHER:

17. **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.

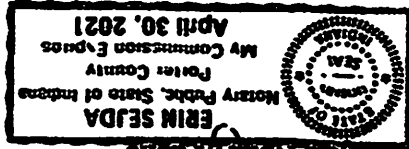
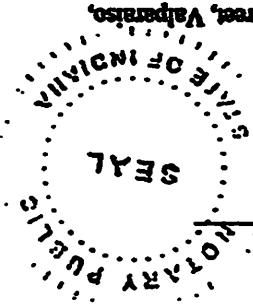
18. **HEALTHCARE INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996.** The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320(d), and 45 CFR 160-164, sets forth specific requirements under certain circumstances for the use and disclosure of my individually identifiable health information and other medical records. I give my Attorney the authority to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records under HIPAA. This includes past, present or future records including all information relating to the diagnosis and treatment of any illnesses. The authority of my Attorney supersedes any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given to my Attorney has no expiration date and shall expire only in the event that I revoke this authority in writing and deliver it to my health care provider.

19. **MEDICAD PLANNING.** Additionally, I do hereby make to facilitate my qualifying for the receipt of government benefits for my long term health care and nursing home 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 to other adults who are part of my family as determined in my Attorney's sole discretion. Such gifts shall be made at the discretion of my Attorney and shall be made in accordance with the powers and authority granted to my Attorney in this document. Such gifts so long as my long term care is reasonably provided for by my Attorney from those 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 Attorney may also include a gift to my Attorney 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 to be granted hereby only as to such powers stated above and only for those gift purposes as stated above.
20. **COMPENSATION.** My Attorney shall be entitled to reasonable compensation for services rendered.
 21. **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.
 22. **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.
 23. **INDEMNIFICATION.** I hereby bind myself to indemnify my Attorney against any and all claims, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable 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.
 24. **REVOCAION.** This power of attorney may be revoked, only by my written revocation signed and acknowledged before a Notary Public or other similar official authorized to administer oaths.
 25. **RELEASE.** 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 heirs, devisees, and personal representatives. I hereby acknowledge that I am not bound 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.
 26. **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.



This instrument prepared by H. Jonathan Costas, Burke, Costanza & Carberry LLP, 156 Washington Street, Valparaiso, Indiana 46383. Telephone: (219) 548-7300.



County of Residence: Porter
Commission Expires: April 30, 2021

Erin Sedda, Notary Public

[Handwritten Signature]

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 19th day of January, 2016.

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this date personally appeared JANET L. STUTESMAN, 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.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

STOP

STATE OF INDIANA)
(SS:)
COUNTY OF PORTER)

JANET L. STUTESMAN, Grantor



Signed this 19th day of January, 2016, before the person named below, as witness, who has duly witnessed my signing of this instrument.

- 27. 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.
- 28. ~~DISABILITY. THIS POWER OF ATTORNEY SHALL NOT TERMINATE ON THE DISABILITY OR INCOMPETENCE OF JANET L. STUTESMAN but shall continue in full force and effect notwithstanding such disability or incompetence.~~
- 29. ~~NO DUTY TO ACT. My Attorney shall not be liable for failing to exercise any of the authority given my Attorney by this power of attorney unless such failure shall be the result of willful misconduct.~~



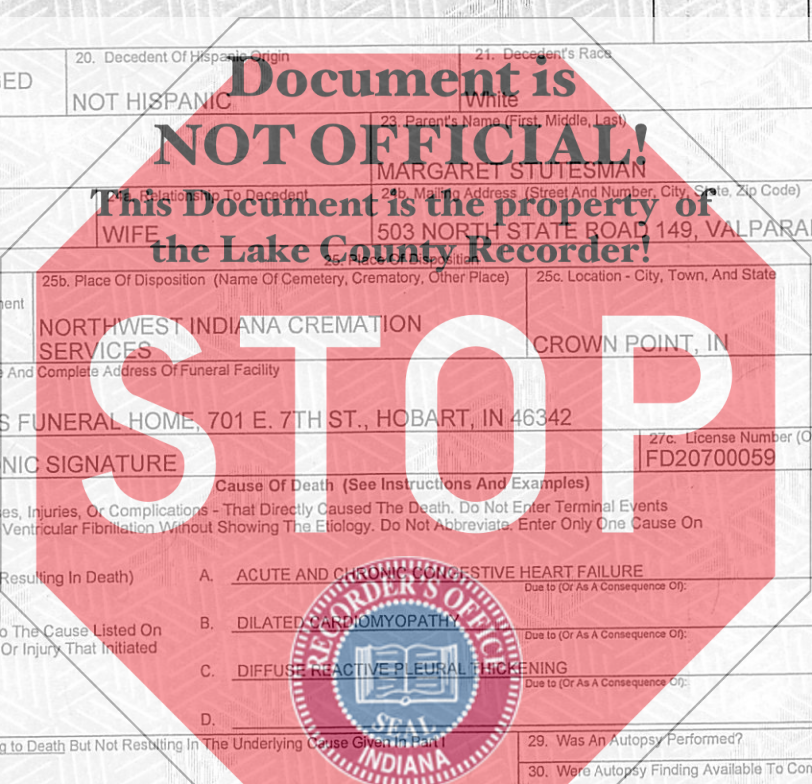
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000263

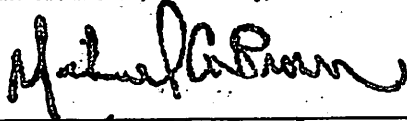
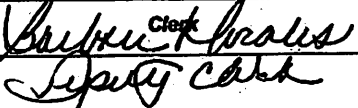
EDR No 00000696370

State No 011061

Form fields including: 1. Decedent's Legal Name (ROBERT L STUTESMAN), 2. Sex (MALE), 3. Time Of Death (09:15 AM), 4. Date Of Death (02/27/2019), 5. Social Security Number (305-46-1750), 6a. Age - Yrs (72), 7. Date of Birth (07/05/1946), 8. Birthplace (GARY, IN), 11. Facility Name (503 NORTH STATE ROAD 149), 13. County Of Death (PORTER), 14. Marital Status (Married), 15. Surviving Spouse's Name (JANET L STUTESMAN), 16. Decedent's Usual Occupation (INSULATOR), 17. Kind Of Business/Industry (LOCAL 17), 18. Residence - State (INDIANA), 18a. County (PORTER), 18b. City Or Town (VALPARAISO), 18c. Street And Number (503 NORTH STATE ROAD 149), 18d. Apt. No., 18e. Zip Code (46385), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (LEONARD STUTESMAN), 23a. Parent's Last Name Before First Marriage (ROLEWICZ), 24. Informant's Name (JANET STUTESMAN), 24b. Mailing Address (503 NORTH STATE ROAD 149, VALPARAISO, IN 46385), 25a. Method Of Disposition (Cremation), 25b. Place Of Disposition (NORTHWEST INDIANA CREMATION SERVICES), 25c. Location - City, Town, And State (CROWN POINT, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342), 27a. Funeral Home License Number (FH83002380), 27b. Signature Of Indiana Funeral Service Licensee (JAMES E. BURNS, BY ELECTRONIC SIGNATURE), 27c. License Number (FD20700059), 28. Part I. Enter The Chain Of Events (ACUTE AND CHRONIC CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY, DIFFUSE REACTIVE PLEURAL THICKENING), 28. Part II. Enter Other Significant Conditions Contributing to Death, 29. Was An Autopsy Performed? (Yes), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (Yes), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant), 33. Manner Of Death: (Natural), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area), 37. Injury At Work? (No), 38. Location Of Injury - State, 38a. City Or Town, 38b. Street & Number, 38c. Apt. No., 38d. Zip Code, 39. Describe How Injury Occurred, 40. If Transportation Injury, Specify: (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (JAMES BRYANT, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (JAMES BRYANT, 333 N. MICHIGAN AVE. SUITE 3400, CHICAGO, IL 60601), 44. License Number (01048374A), 45. Date Certified (03/07/2019), 46. Additional Funeral Service Provider, 47. *Akas, 48. Signature of Local Health Officer (MARIA L STAMP, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (MAR 08 2019)



Certified Marriage License
LAKE County

APPLICANT 1		APPLICANT 2	
Name	DEBBIE J OGDEN	Name	MANUEL RODRIGUEZ III
Birth Date	JULY 18, 1970	Birth Date	APRIL 16, 1959
Sex	FEMALE	Sex	MALE
Residence	401 W HOME AVE HOBART, IN 46342	Residence	401 W HOME AVE HOBART, IN 46342
County of Residence	LAKE	County of Residence	LAKE
Birth Place	INDIANA, UNITED STATES	Birth Place	INDIANA, UNITED STATES
Dependent Children	NONE	Dependent Children	NONE
Parent 1's Name	JANET STUTESMAN (KRIETER)	Parent 1's Name	OLIVIA RODRIGUEZ (KAMURA)
Parent 1's Residence	503 N STATE RD 149 VALPARAISO, IN 46385	Parent 1's Residence	401 LASALLE ST HOBART, IN 46342
Birth Place of Parent 1	INDIANA, USA	Birth Place of Parent 1	MEXICO
Parent 2's Name	WILLIAM SOHN	Parent 2's Name	MANUEL RODRIGUEZ
Parent 2's Residence	UNKNOWN	Parent 2's Residence	UNKNOWN
Birth Place of Parent 2	INDIANA, USA	Birth Place of Parent 2	TEXAS, USA
MARRIAGE INFORMATION			
Marriage Date	SATURDAY, JULY 28TH, 2018	Marriage City/Town	VALPARAISO
Officiant Name	JOSE L TOSCANO	Marriage County	TIPPECANOE
Officiant Title	MINISTER	Marriage State	INDIANA
License Issuing Clerk	MIKE BROWN	Marriage Country	UNITED STATES
<p>The information above is a true and accurate copy of the information on file with the Clerk of the Circuit Court regarding the Application for Marriage and the Marriage License issued by this county on June 22, 2018.</p> <p style="text-align: center;">Clerk of the Lake Circuit Court, Lake County, Indiana, this 30th day of July, 2018</p> <p style="text-align: center;">  _____ Clerk  Deputy Clerk </p>			

SEAL

