

THIS IS TO CERTIFY THAT THIS IS A  
TRUE AND EXACT COPY OF THE ORIGINAL  
BARRISTER TITLE

# POWER OF ATTORNEY

OF  
KENNETH DALE ZIMMERMAN, PRINCIPAL  
to  
CHRISTINE ALICE ZIMMERMAN, ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be  
amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name  
appears above to be my attorney in fact.

A. **POWERS.** According to the Statute, an attorney in fact has a power  
granted under IC 30-5 if the power of attorney incorporates the power.  
Therefore, by referring to the language of the Statute describing powers,  
this Power of Attorney incorporates into it the powers here listed and  
confers general authority with respect to them:

- real property transactions; (IC 30-5-5-2)
- tangible personal property transactions; (IC 30-5-5-3)
- bond, share and commodity transactions; (IC 30-5-5-4)
- banking transactions; (IC 30-5-5-5)
- business operating transactions; (IC 30-5-5-6)
- insurance transactions; (IC 30-5-5-7)
- beneficiary transactions; (IC 30-5-5-8)
- gift transactions; (IC 30-5-5-9)
- fiduciary transactions; (IC 30-5-5-10)
- claims and litigation; (IC 30-5-5-11)
- family maintenance; (IC 30-5-5-12)
- benefits from military service; (IC 30-5-5-13)
- records, reports, and statements; (IC 30-5-5-14)
- estate transactions; (IC 30-5-5-15)
- all other matters. (IC 30-5-5-19)

Any power I do not wish to incorporate into this Power of Attorney I  
have deleted by lining out and writing my initials opposite the deletion.  
Any power to be modified or added I have modified or added as follows, and  
have verified by writing my initials in the space provided here in the  
margin.

NONE

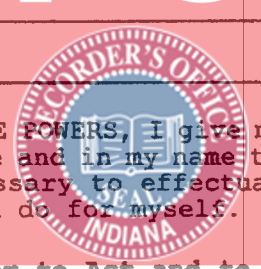
IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act  
on my behalf and to do for me and in my name those things which such attorney  
deems expedient to and necessary to effectuate the intent of this Power of  
Attorney as fully as I could do for myself.

B. **Reservation of Power to Act and to Revoke.** I reserve unto myself  
however, the power to act on my own behalf and also to revoke or amend this  
Power of Attorney.

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

2020-089692

2020 Dec 8 10:19 AM



25 cc  
CMA 29915  
KK  
E

C. **Chapters of Statute Also Applicable.** The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions (IC 30-5-2)	Reliance (IC 30-5-8)
General Provisions (IC 30-5-3)	Liabilities (IC 30-5-9)
Duties (IC 30-5-6)	Termination (IC 30-5-10)

D. **Liability of Attorney in Fact.** As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. **Reliance on Power of Attorney.** In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such persons:

Holding Institution	Type of Account	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

F. **Safe Deposit Box.** I have a safe deposit box. Number N/A at \_\_\_\_\_

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

G. **Duration of Power of Attorney.**

a. This Power of Attorney is not terminated by my incapacity.

H. **Revocation of Prior Powers.** I do/xxxxxx revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

I. **Guardians.** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate CHRISTINE ALICE ZIMMERMAN as guardian of my person, and CHRISTINE ALICE ZIMMERMAN as guardian of my estate, to serve in each case without bond as may be permitted by law.

J. **Successor Attorney in Fact.** As successor to my attorney in fact I designate and name SHAWNEE DENISE GOMEZ ORNELAS. Such successor shall become my attorney in fact when the person first designated and named has failed or ceased to serve as specified in the Statute, or has declined to serve.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. **Binding Effect.** Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 28<sup>th</sup> day of May, 2009 in 1 counterpart(s), each of which shall be considered an original.

Counterpart No. 1 of 1

Kenneth Dale Zimmerman  
KENNETH DALE ZIMMERMAN, PRINCIPAL  
SSN: XXX-XX-2686

STATE OF INDIANA

COUNTY OF LAKE

Document is  
NOT OFFICIAL!

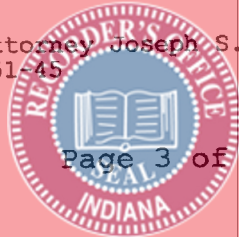
Before me, the undersigned, a Notary Public in and for said County and State, this 28 day of May, 2009, personally appeared KENNETH DALE ZIMMERMAN, the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Comm. Exp.: 19 January 2017  
Lake County Resident

Antoinette Krupa  
ANTOINETTE KRUPA, NOTARY

This instrument prepared by Attorney Joseph S. Irak, 9219 Broadway, Merrillville, IN 46410 Atty. I.D. #4851-45 (219) 769-4552



Page 3 of 3

PLEASE RETURN TO:  
BARRISTER TITLE  
15000 S CICERO AVE #300  
OAK FOREST, IL 60452