NOT AN OF MENTAL DAGUMENT

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

8:49 AM 2021 Feb 26

GENERAL POWER OF ATTORNEY OF CYNTHIA BARATH

BY THIS POWER OF ATTORNEY, I hereby name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code § 30-5, as it exists now and is amended in the future.

- EFFECTIVE IMMEDIATELY. I hereby name my attorney-in-fact, effective immediately, upon execution of this document.
- 2. NOMINATION. As my attorney-in-fact, I hereby name my sister, Pamela Craft, of Lake Station, Indiana.
- 3. POWERS. I give to my attorney-in-fact the powers specified in this section to be used in good faith on my behalf and in my best interests, provided that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, and which would cause that property to be taxed as owned by the attorney-in-fact.

REAL PROPERTY. Authority to contract, grant, buy, bargain, sell, convey, assign, transfer, remise, release, exchange, receive promissory notes, receive monies, lease, quitclaim, convey, mortgage, plat, partition, manage, develop, modify, and/or repair real property, and all other powers described in IC § 30-5-5-2.

TANGIBLE PERSONAL PROPERTY. Authority to buy, acquire, sell, lease, exchange, convey, mortgage, manage, and/or use tangible personal property, and all other powers described in IC § 30-5-5-3.

BOND, SHARE AND COMMODITY. Authority to buy, acquire, sell, exchange, convey, manage, and/or pledge bonds, shares and commodities, and all other powers described in IC § 30-5-5-4.

RETIREMENT ACCOUNTS. Authority to make contributions, including rollover contributions, or cause contributions to be made on behalf of the principal to any retirement plan, and all other powers described in IC § 30-5-5-4-5.

BANKING. Authority to open, continue, modify or terminate a deposit account, to make and sign checks, access safe deposit box, borrow money, and all other powers described in US a to 4-5-5.

BUSINESS. Authority to perform any duty, right, power or privilege under a partnership agreement, as a stock or bond holder, or as a business owner, and all other powers described in IC § 30-5-5-6.

1 HOLD FOR MERIDIAN TITLE CORF

1607

THEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

NOT AN OFFICIAL DOCUMENT

INSURANCE. Authority to procure, continue, modify or terminate a contract of life, accident, health, disability or other insurance, to pay premiums, to borrow against cash values, and all other powers described in IC § 30-5-5-7.

TRANSFER ON DEATH TRANSFERS. Authority to establish one (1) or more transfer on death transfers or payable on death transfers, and all other powers described in IC § 30-5-5-7.5.

BENEFICIARY. Authority to represent and act for me in all matters affecting a trust, probate, estate, guardianship, escrow, custodianship, or other fund out of which I am entitled to some share or payment, or of which I am a beneficiary, and all other powers described in IC § 30-5-5-8.

 ${\bf GIFTS}.$ Authority to make gifts to charities and/or my descendants, pursuant to IC § 30-5-5-9 and also from my living trust.

FIDUCIARY TRANSACTIONS. Authority to do all things with respect to acting as a fiduciary as all powers are described in IC § 30-5-5-10.

CLAIMS AND LITIGATION. Authority to initiate or defend a lawsuit or claim, and all other powers described in IC § 30-5-5-11.

FAMILY MAINTENANCE. Authority to perform acts necessary to maintain my spouse in my spouse's customary standard of living, with respect to shelter, food, clothing, health care, transportation, education and incidentals, and all other powers described in IC § 30-5-5-12.

MILITARY SERVICE. Authority to do all things with respect to benefits from military service described in IC § 30-5-5-13.

RECORDS, REPORTS AND STATEMENTS. Authority to keep and maintain records receipts and disbursements, credits and debits, to prepare, sign and file tax returns and other government documents, and all other powers described in IC § 30-5-5-14.

ESTATE TRANSACTIONS. Authority to do all things with respect to estate transactions as all powers are described in IC § 30-5-5-15.

HEALTH CARE. Authority to contract with health care providers, consent to or refuse health care, have access to medical and other records, request an autopys, make anatomical gifts, and all other powers described in IC § 30-5-5-16 and IC § 30-5-5-17.

NOT AN OFFICIAL DOCUMENT

- PRIOR GENERAL POWERS OF ATTORNEY REVOKED. 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.
- GUARDIAN. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.
- TERMINATION ON REVOCATION OR DEATH. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until

ny death, whichever occurs first.	
Date: 5th day of November, 2020.	Name: Untilia Boroth
	Cynthia Barath
STATE OF INDIANA)	
COUNTY OF LAKE) SS:	
Before me, a Notary Public, in a	and for said County and State, this the day of
November, 2020, partible dispressed	Cynthia Barath, and acknowledged the execution of

er free and voluntary act.

AND HED Notary Public Pagele toule-County Of Residence: Link Commission expires: March 12023

EXECUTED AND DELIVERED in my presence this 5th day of November, 2020.

Witness Signature

the foregoing in

Print name: Barbara Bedford

STATE OF INDIANA

) SS:

COUNTY OF LAKE

Ounty Rec Before me, a Notary Public in and for said County and State, personally appeared the aforementioned witness, Karwa Balford , being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered

NOT AN OFFICIAL DOCUMENT

by CYNTHIA BARATH in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this Thay of November, 2020.

Notary Signature: CML HC & July

County of Residence: (C. Me My commission expires: (MIN) 2023

> Instrument prepared by: Sophia J. Arshad, Esq., 7899 Taft St. Merrillville IN 46410 (219) 736-6500

Sophia J. Arshad, esq., 7099 rail of Merinia in the 3575 California of lake Agricon, IN 410405

111