

DURABLE POWER OF ATTORNEY

ARTICLE I - DESIGNATION OF AGENT

I, AUDREY J. MEYER, of Porter County, State of Indiana, being a mentally competent adult, do hereby designate and appoint my husband, John R. Meyer, of Porter County, State of Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent or my Attorney-in-Fact, giving my Agent full authority and power to make financial, asset management, and personal decisions for me in my name, place and stead as authorized in this document.

If my Attorney-in-Fact as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act, become unavailable, or become legally separated or divorced from me, I then and do hereby designate and appoint my son, Bradford C. Meyer, of Porter County, State of Indiana, as my successor Attorney-in-Fact.

ARTICLE II - REVOCATION OF PRIOR POWERS

I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

ARTICLE III - GENERAL ASSET AND FINANCIAL POWERS

My Attorney-in-Fact is authorized, in his or her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated under the following sections of the Indiana Code governing powers of attorney:

- IC § 30-5-5-2 Conferring general authority with respect to real property transactions.
- IC § 30-5-5-3 Conferring general authority with respect to tangible personal property transactions.
- IC § 30-5-5-4 Conferring general authority with respect to bond, share and commodity transactions.
- IC § 30-5-5-4.5 Conferring general authority with respect to retirement plans.
- IC § 30-5-5-5 Conferring general authority with respect to banking transactions.
- IC § 30-5-5-6 Conferring general authority with respect to business operating transactions.

25 cc  
C/F# 7011  
KK

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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| IC § 30-5-5-7   | Conferring general authority with respect to insurance transactions.   |
| IC § 30-5-5-7.5 | Conferring general authority with respect to the handling of transfer on death transfers and payable on death transfers. |
| IC § 30-5-5-8   | Conferring general authority with respect to beneficiary transactions.   |
| IC § 30-5-5-9   | Conferring general authority with respect to gift transactions.  |
| IC § 30-5-5-10  | Conferring general authority with respect to fiduciary transactions.   |
| IC § 30-5-5-11  | Conferring general authority with respect to claims and litigation.  |
| IC § 30-5-5-12  | Conferring general authority with respect to family maintenance.   |
| IC § 30-5-5-13  | Conferring general authority with respect to benefits from military service.   |
| IC § 30-5-5-14  | Conferring general authority with respect to records, reports, and statements.   |
| IC § 30-5-5-15  | Conferring general authority with respect to estate transactions.  |
| IC § 30-5-5-16  | Conferring general authority with respect to health care powers.   |
| IC § 30-5-5-17  | Conferring general authority with respect to withdrawing or withholding treatment on behalf of the principal.            |
| IC § 30-5-5-18  | Conferring general authority with respect to delegating authority.   |
| IC § 30-5-5-19  | Conferring general authority with respect to all other matters.  |

For each of the above matters, my Attorney-in-Fact shall have (i) the power to access, use and control my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops for the purpose of accessing, modifying, deleting, controlling or transferring my digital assets, and (ii) the power to access, modify, delete, control and transfer my digital assets, including but not limited to, my emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops. I hereby

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incorporate by reference all the powers granted an Attorney-in-Fact under Indiana Code § 30-5-5-19 and grant these powers to my Attorney-in-Fact or his or her successor.

## ARTICLE IV - SPECIFIC AUTHORITY TO REPRESENT PRINCIPAL WITH INTERNAL REVENUE SERVICE

I grant to my acting Power of Attorney the rights granted under the IRS Power of Attorney and Declaration Representative Form 2848 to have access to all of my files and records with the Internal Revenue Service Department, to secure copies of all prior income tax returns filed by me as well as gift tax returns and corporate tax returns filed by me. In addition, in the event that I am incapacitated, my acting Power of Attorney shall have the authority to sign all tax returns required on my behalf. My Power of Attorney is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters, which would include the authority to sign any agreements, consent, or other documents. In addition, I grant my Power of Attorney the right to receive refund checks, the power to sign returns and the power to execute a request for disclosure of tax returns or return information.

## ARTICLE V - PROVISION APPLICABLE TO ARTICLE III AND ARTICLE IV

With respect to Article III (general asset and financial powers) and Article IV (authority to represent me with Internal Revenue Service), it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

FURTHERMORE, THIS POWER OF ATTORNEY AND THE AUTHORITY I HAVE CONFERRED AND SPECIFIED UNDER ARTICLE III AND ARTICLE IV ABOVE SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS I MAY HEREINAFTER REVOKE THE SAME IN WRITING, PROVIDED FURTHER THAT THE SAME SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCOMPETENCE, OR LAPSE OF TIME.

## ARTICLE VI - THIRD PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs, or assigns for recognizing such representations or authority.

## ARTICLE VII - NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, hereinabove designated and appointed to be my guardian.

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## ARTICLE VIII - EFFECTIVE DATE

This power of attorney shall become effective immediately.

## ARTICLE IX - HEALTH CARE POWERS AND HIPAA AUTHORIZATION

This provision clarifies the authority with respect to health care powers and religious tenets under Indiana Code § 30-5-5-16. In addition, my attorney in fact is authorized to complete any HIPAA compliant authorization required for release of protected health information, and any health care provider, including but not limited to physicians, medical facilities, laboratories, hospitals, nursing homes or any long term care facility, clinics, psychologists, psychiatrists and any related psychological or psychiatric testing or treating facility or hospital who receives such an authorization for release of information may rely on this authorization to disclose whatever protected health information may be requested by my attorney in fact, including but not limited to information regarding my physical, mental or behavioral care and treatment, laboratory results including testing for dangerous communicable disease such as HIV and AIDS virus, x-rays or other imaging studies, other diagnostic test reports and any other information as may be requested by my attorney in fact. My attorney in fact may use and disclose such protected health information for any stated reason related to my care, including but not limited to evaluation of my competence, arranging for the provision of medical or psychiatric care, medication and prescriptions, insurance issues, evaluation of my care, litigation on my behalf, arranging for my care and custody, and referral requests. I understand that this authorization is revocable at any time and that my revocation must be in writing and sent to my health care providers named herein and that any revocation will not apply to any information that has already been released in response to this authorization. Provided however, that my disability, incompetence or incapacity shall not revoke this HIPAA authorization. Further, I understand and intend that this HIPAA authorization shall also be revoked in the event of my revocation of this power of attorney.

## ARTICLE X - MISCELLANEOUS PROVISIONS

1. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.
2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.
3. My Attorney-in-Fact, including his or her heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, is hereby released and forever discharged from any and all liability (including civil, criminal, administrative, or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.
4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently

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and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as any original.

5. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only without affecting the remaining parts or provisions of this instrument in any way.

6. This instrument and actions taken by my Attorney-in-Fact properly authorized hereunder shall be binding upon me, my heirs, successors, assigns, legatees, guardians, and personal representatives.

7. This power of attorney authorizes my attorney-in-fact to make various property related decisions on my behalf, some of which relate to my health care. Accordingly, I confirm that in connection therewith, my Attorney-in-Fact shall be treated as my personal representative for all purposes relating to my Protected Health Information (PHI), as provided in 45 C.F.R. 164.502(g)(2).

8. I direct that this Power of Attorney be given full faith and credit in all of the fifty (50) states of the United States of America, and be honored by all banking institutions and brokerage firms regardless of the state laws in which the financial institution is located. I further direct my Power of Attorney to take whatever action is necessary to conduct my business throughout the United States of America with this valid Power of Attorney and in any foreign country in which I hold assets.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney this 31<sup>st</sup> day of August, 2018.

  
AUDREY J. MEYER

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State personally appeared Audrey J. Meyer, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 31<sup>st</sup> day of August, 2018.



  
Betty Butchart, Notary Public

My Commission Expires: 4/5/21  
County of Residence of Notary Public: Lake

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.

Adam D. Decker, Attorney at Law

This instrument was prepared by Adam D. Decker, Attorney at Law, 10200 Broadway, Crown Point, IN.