

**DURABLE POWER OF ATTORNEY OF
DARREN SMITH**

**ARTICLE I
DESIGNATION OF AGENT**

9. I, **DARREN SMITH** of 6920 Squirrel Creek Ave., Portage, Porter County, State of Indiana, being a mentally competent adult, do hereby designate and appoint my Sister **MELDA D. CLARK** as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, 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, or become unavailable, I then and do hereby designate and appoint my Brother **ARTHUR L. SMITH** 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 her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interest in property, real, personal, and mixed, and matters affecting my financial and personal

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STATE OF INDIANA
LAKE COUNTY
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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.

IC § 30-5-5-7: Conferring general authority with respect to insurance transactions.

IC § 30-5-5-8: Conferring general authority with respect to beneficiary transactions.

IC § 30-5-5-9: Conferring general power with respect to gift transactions.

IC § 30-5-5-10: Conferring general authority with respect to fiduciary transactions.

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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 healthcare powers.

IC § 30-5-5-17: Conferring general authority with respect to withdrawing or withholding of medical 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.

I hereby incorporate by reference all the powers granted an Attorney-in-Fact under IC § 30-5-5-2 to IC § 30-5-5-19.

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

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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 additions, 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 and Article IV, 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.

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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, my Sister **MELDA D. CLARK** hereinabove designated be appointed to be my guardian. Upon **MELDA D. CLARK's** demise, or should she become mentally or physically incapacitated, resign, refuse to act or become unavailable, I appoint my Brother **ARTHUR L. SMITH** to be my guardian.

ARTICLE VIII EFFECTIVE DATE

This power of attorney shall become effective upon my incapacity and disability wherein I am no longer able to personally handle my financial and business affairs or take care of my personal needs. I direct the named Attorney-in-Fact to secure a medical statement from my doctor with regard to my conditions prior to assuming her authority under this document. This limitation as to the effective date of this power of Attorney being restricted to my mental or physical disability, does not restrict to or limit my authority to request that my Attorney-in-Fact proceed under this Power of Attorney and assume her designated responsibilities as set out in the this document upon my request prior to any mental incapacity or physical disability, but rather as a matter of convenience on my behalf.

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I specifically direct my doctor to perform any examination needed to determine whether I am disabled or incapacitated at the request of the person I have designated as my Attorney-in-Fact and to deliver the results of the examination and, if I am disabled or incapacitated, the certificate stating that I am unable to manage my affairs to the person I have designated as my Attorney-in-Fact. For purposes of determining my disability or incapacity, I designate the person named as my Attorney-in-Fact as my personal representative regarding my "protected health" information (PHI), as provided in 45 C.F.R. 164.502(g)(2), who is to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records including any information governed by the Health Insurance Portability and Accountability Act of 1996 as amended.

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

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results including testing for dangerous communicable disease such as HIV and AIDS virus, x-rays, or other imaging studies, other diagnostic test reports and 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 related 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 IX 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 cost, as a result of carrying out any provisions of this instrument.
3. My Attorney-in-Fact, including her heirs, legatees, successors, assigns, personal representative, and estate, acting in good faith hereunder, is hereby

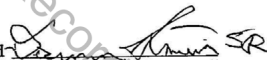
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released and forever discharged from any and all liability (including civil, criminal, administrative, or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, 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 and in such quantity as he 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.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 26th day of December, 2021.

Signed



DARREN SMITH
Residing in Porter County,
Portage, Indiana

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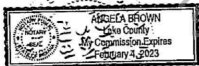
STATE OF INDIANA)
) SS:
COUNTY OF)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **DARREN SMITH**, who acknowledged the execution of the foregoing Durable Power of Attorney this 26th day of December, 2021.

WITNESS my hand and notarial seal.

Angela Browne
Notary Public

This instrument prepared by: Rinzer Williams, III, (#29773-45), 3637 Grant St. Ste. 3 Gary IN 46408



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