

2021 544451
12/21/2021 1:47 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 8

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

THIS IS TO CERTIFY THAT THIS IS A TRUE
AND EXACT COPY OF THE ORIGINAL INSTRUMENT.
FIDELITY NATIONAL TITLE CO., LLC
11364 BROADWAY

CROWN POINT, IN 46307

BY Vella Anderson

DURABLE GENERAL POWER OF ATTORNEY
AND DESIGNATION OF HEALTH CARE REPRESENTATIVE

GIVEN BY

BETTY GRECO

I, BETTY GRECO, now residing in Lake County, Indiana, do hereby make, constitute and appoint my son, TONY GRECO, my true and lawful Attorney-in-fact and in my name, place and stead, to exercise all or any of the following powers, upon such terms and conditions as my Attorneys, in their sole discretion, deem appropriate:

1. AUTHORITY TO MANAGE AND SELL. To manage, control, lease, mortgage, encumber, transfer, sell, 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 conveyance, deeds of trust, or assignments in such form and with such warranties and covenants as my Attorneys, in their sole discretion, deem 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, privilege or power in respect of any property, whether real, personal or mixed;
4. VOTE. To vote any stocks, bonds, or other securities, and to exchange 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;

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5. SECURITIES. To sell any 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, agreements, 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, 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 check, draft, 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;

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12. COLLECTIONS. To ask, demand, sue 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, 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; and;
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.
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 I.C. 30-5-5-19, 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, banking transactions, business operating transactions, insurance transactions, beneficiary transactions, gift transactions, fiduciary transactions, claims and litigation, family maintenance, benefits from military service, records, reports and statements, estate transactions, and all other matters.

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18. **COMPENSATION.** My Attorney-in-fact, TONY GRECO, shall be entitled to reasonable compensation for services rendered.
19. **LIMITATION ON AUTHORITY.** Any authority granted to my Attorney-in-fact, TONY GRECO, 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.
20. **RATIFICATION.** I hereby ratify and confirm all that my Attorney-in-fact, TONY GRECO, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers granted herein.
21. **INDEMNIFICATION.** I hereby bind myself to indemnify my Attorney-in-fact, TONY GRECO, 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 Attorney in this power of attorney.
22. **REVOCAION.** This power of attorney may be revoked, only by my written revocation entered of record in the office of the County Clerk of Lake County, Indiana. Any such revocation must be signed and acknowledged before a Notary Public or other similar official authorized to administer oaths.
23. **RELIANCE.** My death or disability shall not revoke or terminate this agency as to the attorney, agent or other person, who without actual knowledge or 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. An affidavit,

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executed by my Attorney-in-fact, TONY GRECO, 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.

24. 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.
25. 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.
26. 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.
27. HEALTH CARE. I do hereby appoint TONY GRECO, VELLA ANDERSON AND MICHAEL J. GRECO, as my Co-Health Care Representatives and authorize them jointly and severally to employ or contract with servants, companions or health care providers to care for me; to consent to or refuse health care for me by properly executing and attaching to this Power of Attorney and Designation of Health Care Representative a declaration pursuant to I.C. 16-8-11 or an appointment pursuant to I.C. 16-8-12, or both; to admit or release me from a hospital or health care facility; to have access to records, including medical records, concerning my condition; to make anatomical gifts on my behalf; to request an autopsy; and to make plans for the disposition of my body.

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PROVIDED FURTHER:

28. WITHDRAWAL OR WITHHOLDING OF HEALTH CARE. My Health Care Representative has the authority to consent to or refuse health care pursuant to paragraph 27 herein. My Health Care Representative is empowered to ask, in my name, for health care to be withdrawn or withheld when it is not beneficial, or when any benefit is outweighed by the demands or the treatment and death may result. Pursuant to the requirements of an appointment under I.C. 16-8-12, I empower my Health Care Representative as follows:
I authorize my Health Care Representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my Health Care Representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my Health Care Representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My Health Care Representative must try to discuss this decision with me. However, if I am unable to communicate, my Health Care Representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my Health Care Representative may also discuss this decision with my family and others, to the extent they are available.

Nothing contained herein shall be construed to authorize euthanasia.

29. EFFECT ONLY UPON DISABILITY. THIS POWER OF ATTORNEY AND THE APPOINTMENT OF A HEALTH CARE REPRESENTATIVE SHALL BECOME EFFECTIVE UPON THE DISABILITY OR INCAPACITY OF BETTY GRECO AND SHALL CONTINUE IN FULL FORCE AND EFFECT NOTWITHSTANDING SUCH DISABILITY OR INCOMPETENCE. MY DISABILITY OR INCAPACITY BY REASON OF ACCIDENT, PHYSICAL OR MENTAL

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ILLNESS, PROGRESSIVE OR INTERMITTENT PHYSICAL OR MENTAL DETERIORATION, OR OTHER SIMILAR CAUSE, SHALL BE ESTABLISHED UPON THE WRITTEN CERTIFICATION, SIGNED AND ACKNOWLEDGED BEFORE A PERSON AUTHORIZED TO ADMINISTER OATHS BY TWO (2) DOCTORS LICENSED TO PRACTICE MEDICINE, AFFIRMING THAT EACH HAS EXAMINED ME AND THAT EACH HAS CONCLUDED, BASED ON SUCH EXAMINATION, THAT I HAVE BECOME INCAPACITATED AND UNABLE TO MANAGE AFFAIRS, THEN, AND ONLY THEN, SHALL THIS POWER OF ATTORNEY BECOME EFFECTIVE.

30. SUCCESSOR ATTORNEY-IN-FACT. As a successor to my attorney-in-fact I designate and name VELLA ANDERSON. 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 Indiana Code or has declined to serve. If VELLA ANDERSON, as my successor to my attorney-in-fact fails or ceases to serve as specified by the Indiana Code or declines to serve then I designate and name MICHAEL J. GRECO as successor to my attorney-in-fact.

Signed this 18th day of April, 1995, before the person named below, as witness, who has duly witnessed my signing of this instrument in eight (8) counterparts, each of which shall be considered an original.

Counterpart No. 3 of 8

Betty Greco
BETTY GRECO, Grantor

[Redacted Signature]
Grantor's Social Security Number

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this date personally appeared BETTY GRECO, known to me to be the person whose name is subscribed to the

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foregoing General Power of Attorney and acknowledged to me that she executed it for the purposes therein specified.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 18th day of April, 1995.

Patricia A. Palmer
Notary Public

My Commission Expires: 1-23-98

County of Residence: Leban

PREPARED BY: LORI FISHER
GOUVEIA & MILLER
321 E. 80th Ave., Ste. B
Merrillville IN 46410
(219) 736-6020

I affirm under penalties of perjury, that I have taken reasonable care to redact each social security number in this document unless required by law
Lori Fisher

