

NOT AN OFFICIAL DOCUMENT

2021-544620
12/28/2021 02:38 PM
TOTAL FEES: 25.00
BY: KK
PG #: 2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

GENERAL DURABLE POWER OF ATTORNEY

I, LISA S. ALLEN, of Hobart, Indiana, being at least 18 years of age and mentally competent, do hereby designate ANDREW E. ALLEN of Hobart, Indiana, as my true and lawful attorney-in-fact. In the event that my attorney-in-fact fails or ceases to serve, I do hereby designate SCOTT J. SIPIORA of Oak Park, Illinois, as my successor attorney-in-fact to act with the same general authority as is herein granted my attorney-in-fact.

I. POWERS:

The above-named attorney-in-fact shall have general authority with respect to the following, as the same are defined by Indiana Code 30-5-5-1, et seq.:

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; Health care powers including the power to consent to or refuse health care on my behalf, which power is more specifically set forth in the Appointment of Health Care Representative attached to this General Durable Power of Attorney and incorporated herein by this reference; Delegating authority; as well as all other matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

II. EFFECTIVE DATE:

This Power of Attorney shall become effective upon my signing of this document.

III. TERMINATION:

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed a written revocation thereof and the same has been recorded in the recorder's offices, if any, where the Power of Attorney was previously recorded, with appropriate reference made therein to the book and page number or instrument number of such recording.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

HOLD FOR MERIDIAN TITLE CORP

21-41515

IV. GUARDIANSHIP:

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint ANDREW B. ALLEN to serve as guardian of my person and property. If ANDREW E. ALLEN is unable to serve as guardian for any reason, I then appoint SCOTT J. SIPIORA as successor guardian of my person and property.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of June, 2003.

Lisa S. Allen
LISA S. ALLEN

Address: 55 Deep River Drive, Hobart, IN 46342



STATE OF INDIANA

SS:

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared LISA S. ALLEN, who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal, this 9 day of June, 2003.

[Signature]
Notary Public

Residing in Porter County

State of Indiana

My Commission Expires: 1-26-09



This instrument prepared by:

Jeffrey V. Cefali, Attorney at Law
17 Main Street, Hobart, Indiana 46342

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. [Signature]