

# NOT AN OFFICIAL DOCUMENT

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## POWER OF ATTORNEY OF

**Gerald R. Moritz**  
Principal

TO

**Shirley Jo Moritz**

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, Gerald R. Moritz, as principal, designate and name the person whose name appears above to be my attorney in fact.

A: **POWERS** According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

real property transactions;	[IC 30-5-5-2]
tangible personal property transactions	[IC 30-5-5-3]
bond, share and commodity transactions	[IC 30-5-5-4]
banking transactions;	[IC 30-5-5-5]
business operating transactions;	[IC 30-5-5-6]
insurance transactions;	[IC 30-5-5-7]
beneficiary transactions;	[IC 30-5-5-8]
gift transactions;	[IC 30-5-5-9]
fiduciary transactions;	[IC 30-5-5-10]
claims and litigation;	[IC 30-5-5-11]
family maintenance;	[IC 30-5-5-12]
benefits from military service;	[IC 30-5-5-13]
records, reports, and statements;	[IC 30-5-5-14]
estate transactions;	[IC 30-5-5-15]
all other matters.	[IC 30-5-5-19]

The Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation ([IC 30-5-5-18], this Power of Attorney does include them.

Other Powers specifically designated:

- a. Transfer of Interest in Real Estate - To sell, convey, lease, grant an option to purchase, or otherwise transfer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and any other document(s) in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in any and all real estate in which I now hold, or may hereafter acquire, an interest.
- b. Taxes, Social Security Payments - to execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, including federal income tax, and estate and gift tax, any political subdivision thereof or any foreign government, and to pay such taxes, to examine and request copies of any tax returns heretofore or hereafter filed by me or for and in my behalf, to enter into settlements and compromises respecting any tax, including federal

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income tax and federal estate and gift tax, and to enter into closing agreement with the Internal Revenue Service and waive assessment period; to file and pursue claims and appeals respecting health insurance benefits; to prepare, execute and deliver applications for Social Security benefits, SSI benefits, and similar benefits; to deal in any and all particulars with the Social Security Administration regarding any benefits or claims for benefits, disability determination, or any right to any benefit or entitlement; to deal in any and all particulars with Medicare agencies respecting any claim; to prepare, execute and deliver applications for Medicaid and similar benefits; to appeal any decision respecting such benefits or entitlements.

**IN FURTHERANCE OF THESE POWERS**, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

**B. RESERVATION OF POWER TO ACT AND TO REVOKE.** I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

**C. CHAPTERS OF STATUTE ALSO APPLICABLE.** The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions [IC 30-5-2]	Reliance [IC 30-5-8]
General Provisions [IC 30-5-3]	Liabilities [IC 30-5-9]
Duties [IC 30-5-6]	Termination [IC 30-5-10]

**D. LIABILITY OF ATTORNEY IN FACT.** As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney-in-fact is liable only if my attorney-in-fact acts in bad faith.

**E. RELIANCE ON POWER OF ATTORNEY.** In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s).

HOLDING INSTITUTION	TYPE OF ACCOUNT	ACCT. NO.
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<u>ANY AND ALL</u>	<u>ANY AND ALL</u>	
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All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

**F. SAFE DEPOSIT BOX.** I give my attorney-in-fact power to enter or have access to any safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

**G. DURATION OF POWER OF ATTORNEY.** This Power of Attorney shall become effective immediately upon execution and is not terminated by my incapacity.

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**H. REVOCATION OF PRIOR POWERS.** I DO revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

**I. GUARDIANS** In the event a judicial proceeding is brought to establish a guardianship over my person and/or property, K hereby nominate my Attorney-in-fact Shirley Jo Moritz, hereinabove designated and appointed, to be my guardian. In the event that she dies, resigns, or unable to serve, then I nominate Ginger Ann Graves as my alternate guardian. If both Shirley Jo Moritz and Ginger Ann Graves are die, resign, or are unable to serve, then I appoint Penny Kay Diehl as my alternate guardian.

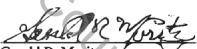
**J. SUCCESSOR ATTORNEY IN FACT.** As a successor to my attorney in fact I designate and name Ginger Ann Graves. In the event Ginger Ann Graves is unable or unwilling to serve, designate Penny Kay Diehl as second successor to my attorney in fact. Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.

By giving me written notice while I am not incapacitated, my attorney-in-fact may resign or decline to serve. During a period of my incapacity, my attorney-in-fact shall continue to serve until a successor attorney-in-fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

**K. BINDING EFFECT** Any act or thing performed by attorney-in-fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 25<sup>th</sup> day of October, 2010, in -1- counterparts, each of which shall be considered an original.

Counterpart No. -1-

  
\_\_\_\_\_  
Gerald R. Moritz  
6305 Waite St.  
Merrillville, IN 46410

STATE OF INDIANA            )  
  ) SS:  
COUNTY OF LAKE            )

Before me, the undersigned, a Notary Public in and for said County and State, this 25<sup>th</sup> day of October, 2010, personally appeared Gerald R. Moritz, the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Commission expires:  
June 23, 2017  
Resident of Lake County.

  
\_\_\_\_\_  
Marilyn McLemore, Notary Public

This instrument prepared by BARBARA M. SHAVER, Attorney at Law.

I, Barbara M. Shaver, affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. *Barbara M. Shaver*