

# NOT AN OFFICIAL DOCUMENT

DURABLE POWER OF ATTORNEY <sup>2022-501302</sup>  
OF <sup>01/07/2022 02:17 PM</sup>  
RAYMOND N. MARKOVICH, SR. <sup>TOTAL FEES: 25.00</sup>  
<sup>BY: SP</sup>  
<sup>PG #: 2</sup>

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

I, **RAYMOND N. MARKOVICH, SR.**, state that upon the determination I am disabled or incapacitated, or no longer capable of managing my affairs prudently by a medical doctor, this Power of Attorney shall then become effective and my attorney-in-fact is authorized to proceed hereunder. My disability or incapacity for the purpose of this Power of Attorney must be established by a certificate from my regular physician, or if unavailable, from an otherwise qualified attending physician, stating that I am unable to manage my affairs.

Under this Power of Attorney, I appoint my wife, **BETTY M. MARKOVICH**, as my attorney-in-fact. If at any time she is unable or unwilling to serve for any reason, I appoint my daughter, **CATHERINE B. JOHNSON** as my attorney-in-fact. My attorney-in-fact shall only be liable for actions undertaken in bad faith and shall be entitled to a fee for services rendered and reimbursement for any expenses incurred and monies advanced.

My attorney-in-fact shall have the following powers:

A. To purchase, sell, exchange, convey, mortgage, lease, assign, or otherwise deal with or dispose of any estate or interest in real or personal property which I possess;

B. To establish or maintain bank accounts in my name, individually or in a fiduciary capacity, to deposit funds to and draw checks upon said accounts for my behalf, and to conduct any other banking transactions provided by law;

C. To receive and demand all sums of money and demands whatsoever, as are now or shall hereafter become due and payable or belonging to me;

D. To access any safe deposit box I may have at any financial institution and signature authority for any instruments necessary to gain admission thereto;

E. To arrange for and pay my medical, hospital and nursing expenses, including admission to hospitals and nursing homes, to consent to or refuse health care for me, and to make application for insurance and health benefits, including government entitlements, which are due to me;

F. To transact all necessary and proper business matters for me, including transactions involving any living trust I may be a settlor thereof, but not the revocation or amendment of any Will or Trust created by me;

G. To execute and file any and all federal and state tax returns required to be filed, to pay such taxes and the estimates thereon, and to execute on my behalf any permissible elections which may be permitted by law, including the consent to gift splitting;

H. Authority to do Medicaid planning and transfers on my behalf to protect and preserve my estate from the burdens of long term health care so that I may receive benefits from government programs including Medicaid including but not limited to authority to:

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- (i) make gifts of any or all of my assets as provided above;
- (ii) purchase assets that are exempt or not counted in determining qualification under the resource test;
- (iii) transfer assets so that the assets are not subject to claims or liens of creditors; and
- (iv) create, revoke or amend any trust to qualify for these benefits or to protect my assets from claims or liens of creditors if laws, regulations, rules or administrative interpretations change.

In addition, I hereby incorporate by reference all powers granted an attorney-in-fact under Sections 2 through 19 of Chapter 5 of Title 30 of the Indiana Code and grant these to my attorney-in-fact under this document.

Any other power of attorney executed by me and in effect on the date this power of attorney becomes effective shall thereafter become null and void. This power of attorney shall continue in effect from the date it becomes effective until revoked by me or until my death, whichever comes first.

If any provision of this instrument shall be held unenforceable or invalid, such provisions shall not affect the remaining provisions which shall be enforced as if the offending provisions had not been inserted herein.

Reproduction of the executed original Power of Attorney, with reproduced signatures, and a certificate signed by the attorney-in-fact acknowledging it is in effect and correct shall be deemed to be the original Power of Attorney.

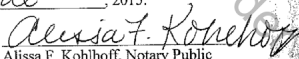
IN WITNESS WHEREOF, I have subscribed my name this 10 day of April, 2015.

  
RAYMOND N. MARKOVICH, SR.

STATE OF INDIANA     )  
                                  )     SS  
COUNTY OF LAKE     )

Before me the undersigned, a Notary Public for Porter County, State of Indiana, personally appeared **RAYMOND N. MARKOVICH, SR.**, and acknowledged the execution of this Durable Power Of Attorney this 10<sup>th</sup> day of April, 2015.

My commission expires: 3/26/2017

  
Alissa F. Kohlhoff, Notary Public

Prepared by: Attorney Alissa Kohlhoff, Kohlhoff Law P.C., 360 Indiana Ave., Suite D, Valparaiso, Indiana 46383. Phone: (219) 465-5669

I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law. E. Holly Kurczynski