

NOT AN OFFICIAL DOCUMENT

GENERAL DURABLE POWER OF ATTORNEY

BY THIS POWER OF ATTORNEY, I, DIANN EWING, name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future. I hereby revoke any powers of attorney executed by me prior to the date of this power of attorney.

1. As my attorneys-in-fact, I name DANA BOYD EWING, JR., whose address is 4006 Torrence Avenue, Hammond, Indiana 46327.
2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.
3. This power of attorney shall be effective as of the date I have signed it.
4. I give to my attorney-in-fact or any successor attorney-in-fact, the powers specified in this section to be used on my behalf, PROVIDED that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, and which would cause that property to be taxed as owned by the attorney-in-fact.

Specifically, I give my attorney-in-fact authority with respect to:

- a. real estate property transactions pursuant to IC 30-5-5-2
- b. tangible personal property pursuant to IC 30-5-5-3
- c. bond, share and commodity transactions pursuant to IC 30-5-5-4
- d. banking transactions pursuant to IC 30-5-5-5
- e. business operating transactions pursuant to IC 30-5-5-6
- f. insurance transactions pursuant to IC 30-5-5-7 as amended
- g. beneficiary transactions pursuant to IC 30-5-5-8
- h. gift transactions pursuant to IC 30-5-5-9
- i. fiduciary transactions pursuant to IC 30-5-5-10
- j. pursuing claims and litigation pursuant to IC 30-5-5-11
- k. family maintenance pursuant to IC 30-5-5-12
- l. benefits from military service pursuant to IC 30-5-5-13
- m. records, reports and statements pursuant to IC 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.
- n. estate transactions pursuant to IC 30-5-5-15

2022-548773
12/08/2022 11:13 AM
TOTAL FEES: 25.00
BY: SP
PG #: 2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

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- o. delegation of authority pursuant to IC 30-5-5-18
 - p. all other matters pursuant to IC 30-5-5-19
 - q. to take any and all steps necessary to file my then current federal and state income tax returns and to receive the refund, if any, from said returns.
 - r. Health care decisions, pursuant to IC 30-5-5-16, IC 30-5-5-17.
5. I have been given a copy of the aforementioned Indiana Code sections and I have read and understood them.
6. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.
7. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

Date: 11-29-22

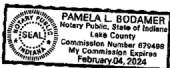
*Dana Boyd Ewing Jr. on behalf of
Diann Ewing, at her direction*

Dana Boyd Ewing, Jr., on behalf of
DIANN EWING, at her direction
Social Security No. XXXXXXXXXX

STATE OF INDIANA)
)SS
COUNTY OF LAKE)

The undersigned, a notary public in and for the above county and state, residing in Lake County, Indiana, certifies and witnesses that Diann Ewing personally appeared before me, acknowledged that she could not sign and requested that Dana Boyd Ewing, Jr. sign on her behalf, acknowledged the signature of Dana Boyd Ewing, Jr. on her behalf, and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: 11/30/2022



Pamela L. Bodamer

Pamela L. Bodamer, Notary Public #679498

My Commission Expires: 02/04/2024
My County of Residence: Lake

***I 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.
PREPARED BY: *Thomas C. O'Donnell***