

GENERAL DURABLE POWER OF ATTORNEY

with Healthcare Powers, Appointment as Health Care Representative, and HIPAA Release

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I, LYNNETTE M. LANNON, of Lake County, Indiana, and being at least 18 years of age and mentally competent, do hereby revoke any and all Powers of Attorney of the same nature executed by me prior to this date. I appoint the following to serve as my true and lawful attorney-in-fact (my "Agent"):

CHERYL NAURACY.

NOTICE TO THIRD PARTIES: YOU MUST ACCEPT THIS DURABLE POWER OF ATTORNEY IMMEDIATELY UNLESS YOU HAVE ACTUAL REASON TO BELIEVE IT IS INVALID OR HAVE ACTUAL KNOWLEDGE IT HAS BEEN REVOKED. YOU FACE POTENTIAL LIABILITY FOR UNREASONABLE REFUSAL TO HONOR A VALID POWER OF ATTORNEY PURSUANT TO INDIANA CODE 30-5-9-9 FOR REFUSAL TO HONOR THIS DOCUMENT

THIS POWER OF ATTORNEY PRESENTED TO ANY THIRD PARTY, SHALL BE CONCLUSIVE TO THE THIRD PARTY AS TO THE AUTHORITY OF MY AGENT TO ACT FOR ME, UNLESS THE THIRD PARTY PREVIOUSLY RECEIVED ACTUAL NOTICE OF ITS REVOCATION.

I confer to my Agent the power to accomplish the following acts in my name, under the authority of Indiana Code § 30-5-5, and as follows:

1. General authority with respect to real property transactions (I.C. § 30-5-5-2).
2. General authority with respect to tangible personal property transactions (I.C. § 30-5-5-3).
3. General authority with respect to bond, share, and commodity transactions excluding any authority to purchase calls or commodities or to purchase any security on margin (I.C. § 30-5-5-4).
4. General authority with respect to retirement plans (I.C. § 30-5-5-4.5).
5. General authority with respect to banking transactions (I.C. § 30-5-5-5).
6. General authority with respect to business operating transactions (I.C. § 30-5-5-6).
7. General authority concerning financial exploitation (I.C. § 30-5-5-6.5).
8. General authority with respect to insurance transactions (I.C. § 30-5-5-7).
9. General authority with respect to transfer on death or payable on death transfers (I.C. § 30-5-5-7.5).
10. General authority with respect to beneficiary transactions (I.C. § 30-5-5-8).
11. General authority with respect to fiduciary transactions (I.C. § 30-5-5-10).
12. General authority with respect to claims and litigation (I.C. § 30-5-5-11).
13. General authority with respect to family maintenance (I.C. § 30-5-5-12).
14. General authority with respect to benefits from military service (I.C. § 30-5-5-13).

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15. General authority with respect to records, reports, and statements (I.C. § 30-5-5-14).
16. General authority with respect to electronic records, reports, statements, and digital assets (I.C. § 30-5-5-14.5).
17. General authority with respect to estate transactions and estate planning of any and every kind (I.C. § 30-5-5-15).
18. General authority with respect to health care (I.C. § 30-5-5-16). I appoint My Agent as my health care representative with authority to act for me in all matters of health care (I.C. § 16-36-1) as attached to this power of attorney via I.C. § 30-5-5-16(b) and I.C. § 30-5-5-17.
19. General authority to delegate in writing all or any of the authority granted herein (I.C. § 30-5-5-18).
20. General authority to perform any and all acts and execute any and all documents not herein excluded the same as I might do were I then present and competent (I.C. § 30-5-5-19).
21. Authority to receive confidential information; to prepare, sign, and file tax return forms 1040, 1040X, IT40, and IT40X for any and all years, past, present or future; and to, at any time, perform any and all other acts before the taxing authorities of any jurisdiction, including specifically the execution of Internal Revenue Forms 2848 and 8821, the Indiana Department of Revenue Power of Attorney Form 48 (or any successors), and such authorization forms as necessary to carry out the purposes of this delegation of authority.
22. Authority to access or enter at any time a safe deposit box or vault that I may hold interest in and could access if I was personally present under I.C. § 30-5-5-5(a)(6).
23. Power to treat all interests which I may have in employee benefit trusts as described in I.C. § 30-4-3-2(c), nonqualified deferred compensation arrangements and Individual Retirement Accounts and Annuities as well as any other qualified plans as beneficiary transactions within the scope of I.C. § 30-5-5-8.
24. All rights to access to any and all of my digital assets as it pertains to email accounts, online banking, financial accounts, investment accounts, and any other online information and identities I may have owned or used during my life by my authority and the authority granted in I.C. 30-5-5-14.5.
25. Authority to communicate with any lawyer that may have represented me in the past, present or future and any communications with my attorney-in-fact shall be treated the same as though the lawyer was communicating with me and any decisions made by the attorney-in-fact shall be treated as though they were decisions made by me.
26. Authority to use any financial and estate planning devices I, myself, might use if I was personally present, competent and acting in my own behalf.

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27. Authority to create any trust or trusts, including those trusts under 42 USC subsection (d)(4)(a), (b), and (c) also known as First-Party Trusts, Qualified Income Trusts (i.e. Miller Trust), and Pooled-Trusts, as well as Supplemental Needs or Third-Party Trusts. In addition, my Agent may create a Trust of which I am not the named beneficiary.
28. Authority to make transfers pursuant to I.C. § 30-2-8-5, commonly known as the Indiana Uniform Transfers to Minors Act, or under any similar law of another jurisdiction.
29. Authority to make a gift or gifts on my behalf at any time of any or all of my assets, cash, property or interests in property, including any right to change the beneficiary on any policy of life insurance I may own for the purposes my Agent considers to be in my best interest, including, without limitation, the minimization of income, estate, inheritance or gift taxes. Gifts may be made either outright or through other funding vehicles, including, without limitation, irrevocable trusts, charitable lead or charitable remainder trusts, family limited partnerships and limited liability companies. My Agent shall not be limited by the annual federal gift tax exclusion, defined in the Internal Revenue Code at the time of the gift, and is specifically authorized to make a gift or gifts in excess of said exclusion. Such gifts may be made to the attorney in fact herself, as deemed by her, as appropriate.
30. Authority to disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, estate or intestate succession; to release or abandon any property or powers which I may now or hereafter own, including any interests in or rights over trusts (including the right to alter, amend, revoke, or terminate). In exercising such discretion, my Agent may take into account such matters as shall include any reduction in estate or inheritance taxes on my estate, the effect on my public benefits to which I may be or may become entitled, and the effect of such renunciation or disclaimer upon persons who receive the renounced or disclaimed property.
31. Authority to purchase any type of property that is considered to be an exempt resource under 405 IAC 2-3-15, the Indiana Client Eligibility System (ICES) Program Policy Manual or any federal or state law, regulation, rule, or mandate affecting public benefits in the state of Indiana.
32. To purchase, from a reputable insurance company, a non-assignable, non-cancelable single premium, irrevocable straight life commercial annuity.
33. Authority to hire, contract, and/or employ individuals or entities, at a reasonable rate, to assist with my needs, the needs of my estate, or needs or care of my property.

If it becomes necessary to secure the appointment of a Guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate court to appoint my agent as the Guardian of my Person and as the Guardian of my Estate.

My Agent may exercise any and all powers conferred herein without any prohibition against self-dealing.

I request that my Agent consult with counsel knowledgeable about public and private benefits that may be available to me before exercising any powers conveyed herein.

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HIPAA Release Authority

I give my current Agent, and those named as successor Agents, the authority I hold with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records otherwise protected under Health Insurance Portability and Accountability Act of 1996 (42 USC 132(d) and 45 CFR 160-164). This gives each named current or future Agent immediate access, upon each of their individual requests, to past or present records, which information relating to the diagnosis and treatment of any illness. The authority of my Agent(s) supersedes any prior agreement that I may have made with my health care providers to access to my individual health information. This authority does not expire unless I specifically revoke this authority in writing and deliver such to my health care providers.

Appointment of My Healthcare Representative

In addition to the powers granted above, I appoint my attorney-in-fact as my Health Care Representative to make decisions in my best interest concerning the consent, withdrawal or withholding of health care, pursuant to Indiana Code 16-36-1. I understand health care to include any medical care, treatment, service, or procedure to maintain, diagnose, treat, or provide for my physical or mental well-being. Health care also includes withholding or withdrawal of nutrition and hydration through intravenous, gastronomy or nasogastric tubes.

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 discontinued or not instituted, even if death results.

I give any person named in this General Durable Power of Attorney, whether a current or future Agent, the authority to speak with any medical professional, hospital, clinic, pharmacy, lab, or other medically related person or facility that is restricted from sharing information by the Healthcare Information Portability Accessibility Act to all information requested.

I request, that my Agent consult with counsel knowledgeable about public and private benefits that may be available to me before exercising any powers conveyed herein.

If any provision of this General Durable Power of Attorney is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this document. The remaining provisions shall be fully severable, and this document shall be construed and enforced as if the invalid provision had never been included in my General Durable Power of Attorney.

I have consulted with legal counsel, am fully informed as to all the contents of this document, and understand the full import of the powers granted to the person or persons named herein.

I hereby ratify and confirm all that my said attorney-in-fact or agent shall do by authority granted by this document. My attorney-in-fact may be reimbursed for expenses, but shall not be entitled to a fee for service provided.

I hereby reserve the right of revocation. However, this General Durable Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of the county of my domicile, a written revocation of this Power of Attorney.

This instrument shall be governed by the laws of the state of Indiana.

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To the extent permitted by law, this power of attorney shall be applicable to all property of mine, real, personal, intangible or mixed, wherever and in whatever state of the United States or foreign country such property is located, and whether such property is now owned by me or hereafter acquired by me or for me by my Attorney-in-Fact.

My Attorney-in-Fact shall use the following form when signing on my behalf:

LYNNETTE M. LANNON by CHERYL NAURACY, by POA dated 12-19-2027

Photographic copies of this power of attorney has the same force and effect as the original.

I FURTHER STATE THAT THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCOMPETENCE.

IN WITNESS WHEREOF, I have executed this General Durable Power of Attorney and appointment of my Healthcare Representative on 12-19-2027

Lynette M. Lannon
Lynette M. Lannon *AKA Lynette Lannon*

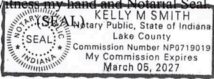
On 12-19-2027 the Declarant signified to me that this Power of Attorney with appointment of My Health Care Representative was made freely and voluntarily. In my presence, the Declarant marked Power of Attorney and I, at the Declarant's request, and in the Declarant's presence, signed my name in witness thereof. I further state that the Declarant has been personally known to me, and is believed by me to be of sound mind. I did not sign the Declarant's signature above, for, or at the direction of the Declarant. I am not a parent, spouse, or child of the Declarant, and not, to the best of my knowledge, entitled to any part of the Declarant's estate and am not directly financially responsible for the Declarant's medical care. I am competent and at least eighteen (18) years of age.

Cheryl M. Nauracy
Witness

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

PREPARED BY: *Robert G. Skadberg*
UNLESS REQUIRED BY LAW,
SECURITY NUMBER IN THIS DOCUMENT
ABLE CARE TO REFLECT EACH SOCIAL
PERUARY THAT HAVE TAKEN REASON-
"I AFFIRM, UNDER THE PENALTIES FOR

The foregoing Power of Attorney was signed and acknowledged before me this 12-19-2027 by Lynnette M. Lannon, Principal.

Witness my hand and Notarial Seal

KELLY M SMITH
Notary Public, State of Indiana
Lake County
Commission Number NP0719019
My Commission Expires
March 05, 2027

Robert G. Skadberg
Robert G. Skadberg, Notary Public
I reside in Valparaiso County, Indiana
My commission expires March 05, 2027

This Document Was Prepared By: Robert G. Skadberg, Jr.
Carr Skadberg, LLC., Valparaiso, Indiana, 46383 (219)230-3600