

DURABLE POWER OF ATTORNEY

OF

JAMES H. THOMAS

I, **James H. Thomas**, a resident of and domiciled in Lake County, Indiana, hereby revoke all powers of attorney previously executed by me and hereby appoint **Cheryl Alfred** and **Walter Alfred**, or the one of them who is able and willing to serve, acting jointly or individually, as my true and lawful attorneys-in-fact, and authorize them to act for me in my name, place and stead, as authorized in this document. Each individual has authority to act as my attorney-in-fact as if he/she were the sole attorney-in-fact appointed hereunder.

1. **Effective Date.** This power of attorney shall become effective immediately and shall continue in effect until my death. This power of attorney shall continue in effect upon my incapacity.

2. **General Asset and Financial Powers.** I give to my attorney-in-fact all powers needed to manage my assets, including, but not limited to, all powers set forth with respect to:

- (a) **real property** in Ind. Code § 30-5-5-2, including any and all transactions relating to the purchase of 8731 Sheffield Avenue, Dyer, Indiana.
- (b) **tangible personal property** in Ind. Code § 30-5-5-3;
- (c) **bonds, commodities and shares** in Ind. Code § 30-5-5-4;
- (d) **IRAs, 401(k)s and other retirement plans** in Ind. Code § 30-5-5-4.5;
- (e) **banking transactions** in Ind. Code § 30-5-5-5;
- (f) **business operating transactions** in Ind. Code § 30-5-5-6;
- (g) **general authority with respect to financial exploitation** and FINRA Rule 2165 and Ind. Code § 24-4.6-6, as contained in Ind. Code §30-5-5-6.5;
- (h) **insurance transactions** in Ind. Code § 30-5-5-7 (including the full power to apply for public benefits of any kind, to represent my interests in obtaining and maintaining benefits, and to make assignment of medical rights in a Medicare or Medicaid application or redetermination process);
- (i) **transfer on death or payable on death transfers** in Ind. Code § 30-5-5-7.5;
- (j) **beneficiary transactions** in Ind. Code § 30-5-5-8;
- (k) **fiduciary transactions** in Ind. Code § 30-5-5-10;
- (l) **claims and litigation** in Ind. Code § 30-5-5-11;
- (m) **family maintenance** in Ind. Code § 30-5-5-12;
- (n) **military service benefits** in Ind. Code § 30-5-5-13;
- (o) **records, reports and statements** in Ind. Code § 30-5-5-14 (including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before the taxing authority on any return or issue);
- (p) **access to digital assets, communications and information** as set forth in Indiana Code § 32-39, *et seq.* and § 30-5-5-14.5.

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- (q) **estate transactions** in Ind. Code § 30-5-5-15;
- (r) **and all other matters** in Indiana Code § 30-5-5-19.

3. **Jointly Owned Property.** My attorney-in-fact shall have authority with respect to jointly owned property pursuant to Indiana Code § 30-5-5-19; provided, however, that any action with respect to such property must be accompanied by the agreement or consent of the other owner (or his or her agent) of such property.

4. **Create Irrevocable Trusts:** I give my attorney-in-fact the power to create irrevocable trusts with my assets, even if by doing so I no longer own any interest in the property used to fund such trust.

5. **Gifts.** My attorney-in-fact shall **not** have the authority to make gifts on my behalf, and I specifically exclude from this power of attorney the powers set forth in Ind. Code § 30-5-5-9.

6. **Health Care.** My attorney-in-fact shall not have authority to make health care decisions on my behalf, and I specifically exclude from this power of attorney the powers set forth in Ind. Code §§ 30-5-5-16 and 30-5-5-17, unless and only if no separate health care representative has been appointed by me.

7. **Personal Care Management Power.** My attorney-in-fact shall have general authority with respect to personal care management and specifically, the authority to take any steps necessary for maintaining my customary standard of living including assisting with the operation of my household, providing personal and health care management for me, whether that entails the provision of direct care or the hiring of others (including family members) to assist in my personal and health care management.

8. **Third Party Reliance.** No person who relies in good faith upon any representations by or authority of my attorney-in-fact shall be liable to me, my estate, my heirs or assigns for recognizing such representations of authority.

9. **Binding Effect.** This instrument and actions taken by my attorney-in-fact properly authorized hereunder shall be binding upon me, my heirs, successors, assigns, legatees, guardians, and personal representatives.

10. **Applicability Outside of Indiana.** I intend this Power of Attorney to be honored in any jurisdiction in which it is presented.

11. **Guardian.** If it becomes necessary to secure the appointment of a guardian of my estate, I hereby request the appropriate probate court to appoint the attorney-in-fact hereunder as guardian of my estate.

12. **Delegation of Authority.** My attorney-in-fact shall have the power to delegate in writing some or all of his or her powers under this instrument to one (1) or more persons as permitted in Ind. Code § 30-5-5-18; provided, however, that any such delegation shall terminate

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upon the sooner of: (a) the time specified in such written delegation of authority; (b) the revocation of such delegation by the delegating attorney-in-fact; (c) the death, incapacity, removal or resignation of the delegating attorney-in-fact; (d) this instrument becoming non-effective as provided in Section I above; and (e) my revocation of this power of attorney.


13. **Revocation.** I hereby reserve the right to revoke this power of attorney at any time.

14. **Limitation on Liability.** My attorney-in-fact shall only be liable for actions undertaken in bad faith, provided, however, my attorney-in-fact shall be liable for the negligent exercise of any power if the exercise of such power involves self-dealing.

15. **Fees.** My attorney-in-fact shall be entitled to a reasonable fee for services provided. In determining a reasonable fee, my attorney-in-fact may use the average rate charged by a financial institution for trustee services or by a home health care agency for home health care services in the area in which I reside as guidance in setting fees for services. Any fees incurred during my lifetime can be accrued and paid after my death, if so decided by my attorney-in-fact.

16. **Photocopies.** My attorney-in-fact is authorized to make photocopies of this instrument as frequently and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as any original.

EXECUTED this 19 day of August, 2020.



James H. Thomas

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STATE OF INDIANA)
)
COUNTY OF Lake) SS:



Before me, the undersigned, a Notary Public in and for said County and State, personally appeared James H. Thomas and acknowledged the execution of the above and foregoing Power of Attorney.

IN WITNESS WHEREOF, I do hereby set my hand and notarial seal as of the 19th day of August, 2020.

Notary Public: [Signature]
Printed Name: Amy M Jones
County of Residence: Lake
Commission Expires: 03/09/2025
Commission Number: NA

EXECUTED AND DELIVERED in my presence:

[Signature]
Witness: Trisha Yugo

STATE OF INDIANA)
) SS:
COUNTY OF Lake)



Before me, a Notary Public in and for said County and State, personally appeared Trisha Yugo (name of witness) being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by James H. Thomas in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 19th day of August, 2020.

[Signature]
Printed name: Amy M Jones
County of Residence: Lake
My Commission expires: 03/09/2025
Commission number: NA

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This Instrument was prepared by Beth Sullivan-Summers, Attorney at Law, 9274 North Romine Road, Mooresville, Indiana 46158-6331 (317) 753-3863

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. *Beth Sullivan-Summers*

Property of Lake County Recorder