

GINA PIMENTEL
RECORDER

2023-026052

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

12:41 PM 2023 Sep 11

POWER OF ATTORNEY
OF
JACQUELINE SPENCER BULLOCK
TO
ISSAC BULLOCK
ATTORNEY IN FACT

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

I, as principal, designate and name the person whose name appears above to be by attorney in fact.

A. POWERS. According to the Statute, an attorney in fact has a power granted under I.C. 30-5-5 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;	[I.C. 30-5-2]	fiduciary transactions;	[I.C. 30-5-10]
tangible personal property transactions;	[I.C. 30-5-3]	claims and litigation;	[I.C. 30-5-11]
bond, share, and commodity transactions;	[I.C. 30-5-4]	family maintenance;	[I.C. 30-5-12]
banking transactions;	[I.C. 30-5-5]	benefits from military service	[I.C. 30-5-13]
business operating transactions;	[I.C. 30-5-6]	records, reports and statements;	[I.C. 30-5-14]
insurance transactions;	[I.C. 30-5-7]	estate transactions;	[I.C. 30-5-15]
beneficiary transactions;	[I.C. 30-5-8]	delegating authority;	[I.C. 30-5-18]
gift transactions;	[I.C. 30-5-9]	all other matters.	[I.C. 30-5-19]

[Note: Though the Statute grants powers with respect to healthcare, this Power of Attorney does not include that power. Healthcare can be provided in a separate Power of Attorney concerning healthcare.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing any initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

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 and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. POWER TO ACCESS GOVERNMENT BENEFITS ON BEHALF OF PRINCIPAL

FINANCIAL AND PROPERTY MATTERS AND LONG TERM CARE PLANNING ISSUES. I hereby grant general authority to my attorney-in-fact to interact with any benefit administration personnel on my behalf to take any actions necessary to conserve my property to benefit my heirs and beneficiaries while maximizing entitlements to Federal and State medical, welfare, housing and other programs.

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CS
D.

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C. **GIFTS AND MISCELLANEOUS.** I further grant general authority to my attorney-in-fact to extend gifting and to exercise specialized estate planning powers on my behalf. My attorney-in-fact shall have general authority with respect to financial and estate planning, considering factors relating both to my disability and my death. By way of example and not by way of limitation and describing these powers, my attorney-in-fact shall have authority to engage in the following acts:

- (1) to give at any time or times any or all of my assets, cash, property or interest in property, including any right to receive income from any source and including a change of ownership or beneficiary or any policy of life insurance policy, to those persons and in the same proportions as set forth in my estate planning instruments, and without regard to any restrictions on aggregate yearly value of a gift to an individual as set forth in I.C. 30-5-5-9. To the extent that my attorney-in-fact is a beneficiary of my estate, then such attorney-in-fact is specifically authorized to receive a proportionate share of any gift as provided hereafter;
- (2) to create trusts or other legal entities or agreements necessary to affect any estate plan;
- (3) to make transfers pursuant to I.C. 30-2-8-5, commonly known as the Indiana Uniform Transfer to Minors Act, or under any similar law of another jurisdiction;
- (4) to disclaim any property or interest in property or powers;
- (5) to employ other financial and estate planning devices;
- (6) to take any and all actions necessary to receive government benefits for my health, care, welfare, maintenance and support.

The estate and financial planning powers herein conferred of for the purpose of reducing tax liability and effecting transfers to family and charities.

In carrying out the powers granted in this paragraph, my attorney-in-fact shall be guided by the standards that the estate planning powers are designed, in part, for the preservation of my assets and shall exercise such powers in a way as to provide for my best interest and of the beneficiaries of the plan, without an prohibition against self-dealing.

I hereby designate and appoint the next successor Attorney-in-fact as my Special Agent under this instrument who shall have full power and authority to make gifts at any time and in any amount of my real and personal property, tangible and intangible, to my then acting attorney-in-fact, without any limitation whatsoever regarding the yearly aggregate value of such gifts. Nevertheless, all whatsoever regarding the yearly aggregate value of such gifts. Nevertheless, all gifts made by my Special Agent and all gifts made by my Attorney-In-Fact shall be made to those persons any in the same proportions as set forth in my estate planning instruments. If I do not have an estate plan, then all gifts made by my Special Agent and all gifts made by my

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Attorney-in-Fact shall be made in the amount dictated by the laws of intestate succession and to those persons who would have been heirs-at-law under the laws of intestate succession.

In the exercise of any powers described in this power, my attorney-in-fact shall have full power and authority to do and perform every act and thing necessary, proper or convenient to be done fully to all intents or purposes as I might or could do myself.

Notwithstanding the foregoing, in no event shall my attorney-in-fact have any of the following power or powers:

- (1) to benefit himself, herself, or any other person in any way that could result in any part of my property being included in my attorney-in-fact's gross estate for federal estate tax purposes, or cause any part of my property to be deemed to be the subject of a taxable gift made personally by my attorney-in-fact;
- (2) to make any payment or application which discharges any legal obligation of my attorney-in-fact;
- (3) to possess the power to exercise any incident of ownership with respect to any policy I own insuring the life of my attorney-in-fact;
- (4) to have any power which causes the holder of the power to be treated as the owner of any interest in my property and which causes that property to be taxed as owned by the attorney-in-fact.

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

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

Definitions [I.C.30-5-2]
General Provisions [I.C.30-5-3]
Duties [I.C.30-5-6]

Reliance [I.C.30-5-8]
Liabilities [I.C.30-5-9]
Termination [I.C.30-5-10]

F. LIABILITY OF ATTORNEY IN FACT. As permitted by I.C. 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.

G. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph I., and the banking institution named in Paragraph J., 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 cause it to be delivered, to such person(s):

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Holding Institution	Type of Account	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I 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.

To induce third parties to act in accordance with the parties granted to my attorney-in-fact in this Power, I represent and warrant that:

- (1) If this document is revoked or amended for any reason, I, my estate, my heirs, successors and assigns will hold any third party harmless from any loss suffered, or liability incurred by the third party in acting in accordance with this documents before the third party's receipt of written notice of termination or amendment;
- (2) the powers conferred on my attorney-in-fact may be exercised alone; my attorney-in-fact's signature or actions under the authority granted in this power may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent and acting on my own behalf;
- (3) no person who acts in reliance upon any representation of my attorney-in-fact as to the scope of my attorney-in-fact's authority granted under this document shall incur any liability to my, my estate, my heirs, successors or assigns for permitting my attorney-in-fact be responsible to determine or insure the proper application of funds or property.

H. SAFE DEPOSIT BOX. I have a safe deposit box, Number _____, at _____.

(Banking Information)

(Branch)

(City)

I give my attorney in fact power to enter or have access to that box and to any other 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.

I. EFFECTIVE DATE AND TERMINATION.

1. This Power of Attorney shall be effective immediately.
2. My disability or incompetence shall not effect or terminate this Power of

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Attorney.

3. This Power of Attorney shall remain in full force and effect and shall terminate when I have executed a proper revocation of this Power of Attorney and recorded such instrument in the Office of Recorder of Lake County, Indiana.

J. REVOCATION OF PRIOR POWERS. I revoke all prior general powers of

attorney that I may have executed. I retain the right to revoke or amend this power and to substitute other attorneys-in fact in place of any of those named in this power. This power shall continue in full force and effect until I, personally, have signed a written document specifically revoking this Power. Amendments to this power shall be made in writing by me personally. Any revocation or amendment of this power must be recorded in the same county or counties as the original, if the original is recorded. This revocation does not affect the validity of an act performed under a prior Power of Attorney.

K. GUARDIANS. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate **ISSAC BULLOCK**, as guardian of my person, and my estate.

By giving me written notice while I am not incapacitated, my attorney in fact 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.

L. AUTHORITY OF SUCCESSOR ATTORNEY-IN-FACT. Any Attorney-in-fact named in this power shall be considered to fail or to cease to serve, when:

- (1) attorney-in-fact dies, resigns, is adjudged incapacitated by a Court, cannot be located upon reasonable inquiry, or f at one time was the principal spouse and legally is no longer the principal spouse; or
- (2) if a physician familiar with the condition of the current attorney-in-fact certifies in writing to the immediate successor attorney-in-fact, that the current attorney-in-fact is unable to transact a significant part of the business required under this Power of Attorney.

The death of any attorney-in-fact named in this Power may be established by the Affidavit of any person named herein as an attorney-in-fact; however, this is

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not intended to be the exclusive means for establishing the death of any attorney-in-fact named in this Power.

The resignation of any attorney-in-fact hereunder may be established by a written document bearing the attorney-in-fact's notarized signature to that effect; however, this is not intended to be the exclusive means for establishing the resignation of any attorney-in-fact named in this power.

The inability to locate any attorney-in-fact upon reasonable inquiry may be established by the Affidavit of any person named as an attorney-in-fact; however, this is not intended to be the exclusive means for establishing the inability to locate, upon reasonable inquiry, any attorney-in-fact named in this power.

In the event any individual named in this power fails to, or ceases to, serve as my attorney in fact the individual shall have no further power under this instrument, except for any powers which may be delegated to the individual by my then acting attorney-in-fact. This shall be the case even if the individual shall reappear after establishing that he or she could not be located upon reasonable inquiry, or if he or she is subsequently able to transact business.

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

I. GENERAL PROVISIONS.

- (1) Persons dealing with my attorney-in-fact may rely fully on a photostatic copy of this Power;
- (2) If any of the provisions of this power are found to be invalid for any reason, this invalidity shall not affect any of the other provisions of this power, and all invalid provisions shall be wholly disregarded;
- (3) All questions pertaining to validity, interpretations, and administration of this power shall be determined in accordance with the laws of Indiana;
- (4) My attorney-in-fact shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence;
- (5) I have received from my attorney, a copy of those sections of Indiana Code 30-5-5, which are incorporated by reference in Section 1., of this power. I have reviewed these powers and am incorporating by reference herein those which comply with my wishes.

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Signed this 7th day of September, 2023, in two (2) counterparts, each of which shall be considered an original.

Counterpart No: Two


PRINCIPAL'S SIGNATURE
7396 KESTREL STREET
HOBART, INDIANA 464342

STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State of Indiana, this 7th day of September, 2023, personally appeared 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.




Notary Public's Signature
Angela Jones
Notary Public's Name, printed or typed

My Commission Expires: 10-14-2023 Resident of LAKE County

This instrument prepared by: Inga Lewis-Shannon, Attorney at Law, 607 South Lake Street, Suite A, Gary, IN 46403 (219) 881-9484

IB

"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: _____