

REVOCATION OF POWER OF ATTORNEY

OF

PAMELA S. BOLDA

Comes now PAMELA S. BOLDA and hereby states that she hereby revokes the appointment of DENNIS ALAN BOLDA as her Attorney-in-Fact.

That all previous powers of attorney prepared prior to October 31, 2023 (including my power of attorney executed May 20, 2014 which appoints Dennis Alan Bolda) are hereby revoked.

That the authority granted to my son DENNIS ALAN BOLDA is no longer in effect and he shall have no authority to make any further decisions on behalf of the affiant.

That the Power of Attorney hereby revoked was recorded.

IN WITNESS WHEREOF, I have executed this Revocation of Power of Attorney this 31st day of October, 2023.

Pamela S. Bolda
PAMELA S. BOLDA

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 31st day of October, 2023.

Garett W. Bonk
Garett W. Bonk, Notary Public
Resident of Lake County



My Commission Expires: 01/25/2027

"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." /s/Garett W. Bonk

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DURABLE POWER OF ATTORNEY

I, PAMELA S. BOLDA, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate DENNIS ALAN BOLDA; as my true and lawful attorney-in-fact.

I. Powers:

The above named attorney-in-fact shall have any and all of the powers enumerated under I.C. 30-5-5-1 *et seq.* which includes generally, but is not limited to, the following powers, unless specifically excluded in a section below:

- To make, draw and endorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;
- To make and execute any and all contracts;
- To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;
- To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;
- To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same;
- To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;
- To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation or support.
- To execute instruments to effect the transfer of title to any motor vehicle owned by me;
- To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;
- To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded);
- To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or local government unit and to prepare, sign and file any documents or forms that may be required in these matters; and
- Any and all of the health care related powers enumerated under I.C. 16-36-1-7, I.C. 30-5-5-16, and 17. Specifically, I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. 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 withheld or

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withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available.

Again, the powers listed above are an exemplification of the powers my attorney-in-fact my exercise and therefore does not state all of the powers. Unless restricted below, my attorney-in-fact shall and does have all powers provided for under I.C. 30-5-5-1 *et seq.*

Further, I ratify and confirm all acts and omissions that my attorney-in-fact shall do by under color of this Power of Attorney.

II. Effective date:

This power of Attorney shall only become effective on execution of this Power, however, any and all of the powers provided for therein can only be exercised on the certification of a competent, licensed medical health care professional attending me that I have become incapacitated or are otherwise rendered incompetent to manage my own affairs, and said power shall remain in effect until the removal of such incapacity as certified by the same or another competent, licensed medical health care professional.

III. Delegation of Powers:

Notwithstanding the provisions of Article I herein, my power of attorney shall not have the power to delegate the powers granted under this Power of Attorney as contemplated by I.C. 30-5-5-18.

IV. Successor Attorneys in Fact:

My attorney in fact fails to serve or ceases to serve when any of the following occur: (1) the attorney in fact dies; (2) the attorney in fact resigns; (3) the attorney in fact is adjudged incapacitated by a court; (4) the attorney in fact cannot be located upon reasonable inquiry or in the event of emergency; (5) the attorney in fact, if at one time the principal's spouse, legally is no longer the principal's spouse; or (6) a physician familiar with the condition of the current attorney in fact certifies in writing to the immediate successor attorney in fact or any other person that the current attorney in fact is unable to transact a significant part of the business required under the power of attorney.

Should any attorney in fact be deemed to fail or cease to serve under this provision, that power of attorney cannot resume their duties as power of attorney if the incapacity is removed as provided by I.C. 30-5-4-4(b) unless the reason for their failure or cessation is due to the attorney in fact not being located upon reasonable inquiry or in the event of emergency.

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In the event that my designated attorney so fails or ceases to serve, I appoint the following persons, in the following order, to act as my successor attorney in fact:

- KENNETH R. DOBIN; then
- KARON DOBIN.

V. Termination:

I hereby reserve the right of revocation, however, this 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 hereof.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this May 20, 2014.

Pamela S. Bolda
PAMELA S. BOLDA

STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared PAMELA S. BOLDA, who acknowledged the execution of the foregoing instrument.

WITNESS my hand and Notarial seal, this May 20, 2014.

Signature

[Handwritten Signature]

This instrument prepared by:

 **OLSEN CAMPBELL LTD**
Attorneys at Law

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