

2023-539016  
12/06/2023 11:50 AM  
TOTAL FEES: 2.00  
BY: JAS  
PG #: 7  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

8

COPY

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, DAWN SCHMIDT, do hereby revoke all prior Power-of-Attorneys, and make, constitute, and appoint Francis Schmidt as my true and lawful attorney-in-fact for me and in my name, place and stead, and in my behalf, and for my use and benefit.

1. To exercise or perform any act, power, duty, right, or obligation whatsoever that I now have, or may hereafter acquire the legal right, power, or capacity to exercise or perform, in connection with, arising from, or relating to any person, item, transaction, thing, business, property, real or personal, tangible or intangible, or matter whatsoever.

2. To request, ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, commercial papers, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, deferred compensation, insurance benefits and proceeds, any and all documents of title, choses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by, or due, owing, payable, or belonging to, me or in which I have or may hereafter acquire any

23-25993

*D.S.*

# NOT AN OFFICIAL DOCUMENT

interest, to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, and deliver for me, on my behalf, and in my name, all indorsements, acquittances, releases, receipts, or other sufficient discharges for the same.

3. To maintain, repair, improve, manage, insure, rent, lease, grant, bargain, sell, exchange, option, convey, grant easements or licenses, mortgage, encumber, hypothecate, and contract for all of the foregoing, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, and to effect any or all of the above-described transactions to any persons, firms or entities for such price or prices, and on such terms and conditions as my attorney-in-fact may deem proper, and in my name to make, execute, acknowledge and deliver a good and sufficient deed or deeds of conveyance or other instrument or instruments necessary to effect such transactions; and to ask for, demand, sue for, collect, recover and receive all monies which may become due and owing to me by reasons of such transaction.

4. To conduct, engage in, and transact any and all lawful



# NOT AN OFFICIAL DOCUMENT

business of whatever nature or kind for me, on my behalf and in my name.

5. To receive, deposit, hold or cash all payments which I receive from Social Security, Medicare, or any other government program or agency, in addition to all other powers.

6. To do all acts necessary for my maintenance, health, and personal care which my attorney may deem necessary under the circumstances.

7. No person shall be required to inquire as to the circumstances of the issuance or use of this instrument or as to the disposition of any proceeds paid to my attorney-in-fact based on this instrument.

8. To make, receive, sign, indorse, execute, acknowledge, deliver, and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan or other institutions or associations, proofs of loss, evidences of debts, releases, and satisfaction of mortgages, liens,

# NOT AN OFFICIAL DOCUMENT

judgments, security agreements and other debts and obligations and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted.

9. To enter any safe deposit box, vault or other storage area leased by me alone or in conjunction with any other person, to sign such documents as may be necessary to gain access to same, and to examine, remove and keep the contents of same as fully as I could if I were present.

10. To prepare, or cause to be prepared, tax returns and Internal Revenue Service powers of attorney; to execute and file tax returns on my behalf and in my name; and to settle tax disputes.

11. To deal with the elect options under retirement plans including, but not limited to, pension plans, profit sharing plans, individual retirement accounts, rollovers and voluntary contributions; to fund inter vivos trusts; to borrow funds to avoid forced liquidation of assets; to apply for and maintain life insurance; to enter into buy-sell agreements; to forgive and collect debts; to complete charitable contributions; to make statutory elections and disclaimers; to pay salaries of employees and independent contractors; to settle, pursue, or appeal litigation on my behalf and in my name.

12. To admit me into a hospital when I need medical or



# NOT AN OFFICIAL DOCUMENT

physical care; to authorize medical and related personnel to perform surgery, operations or any other treatment upon me; and to do or authorize any other act for my benefit and physical welfare. Said attorney-in-fact shall, in no way, be liable for any act or occurrence under this or any other power granted by this durable power of attorney.

13. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

14. This instrument is a durable power of attorney and shall not be affected by disability of the principal, except as provided by statute. The enumeration of specific terms, rights, acts or powers herein is not intended to, nor does it limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney-in-fact.

15. The rights, powers, and authority of said attorney-in-



# NOT AN OFFICIAL DOCUMENT

fact herein granted shall commence and be in full force and effect on the date set forth below, and such rights, powers and authority shall remain in full force and effect thereafter until I, the principal, give written notice to said attorney-in-fact that this instrument is no longer in effect.

16. My successor attorney-in-fact shall be Donna Schmidt if Francis Schmidt is unable and/or unwilling to serve.

IN WITNESS WHEREOF, I, Dawn Schmidt, as principal, have hereunto set my hand and seal this 14<sup>th</sup> day of September, 2022.

SIGNED, SEALED, AND DELIVERED in the presence of:

  
\_\_\_\_\_  
WITNESS

  
\_\_\_\_\_  
WITNESS

  
\_\_\_\_\_  
DAWN SCHMIDT

# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

**BEFORE ME**, a notary public, personally appeared DAWN SCHMIDT to me well known and known to me to be the person described in and who executed the foregoing Durable Power of Attorney, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

**WITNESS** my hand and official seal, this 14<sup>th</sup> day of September, 2022, in the aforesaid County and State.



*Stacy L. Baier*  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF INDIANA  
*Stacy C. Baier*  
\_\_\_\_\_  
Printed Name

(seal)

My Commission Expires: *6-16-30*  
County of Residence: *lake*

**I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each social security number in this document, unless required by law.**

**Name** *Annette Martine Z*

**INSTRUMENT PREPARED BY:**  
Larry D. Stassin, Esq.  
TANZILLO, STASSIN & BABCOCK, PC.  
1160 Joliet St., Suite 201  
Dyer, IN 46311  
(219) 865-6262  
lds@ltsblaw.net