

POWER OF ATTORNEY

GTNW2304985

BY THIS POWER OF ATTORNEY, I, LEWIS W. OWEN, residing at 2934 41st Street, Highland, Indiana 46322, name an Attorney-in-Fact with power to act on my behalf pursuant to I.C. 30-5, as it exists now and is amended in the future.

A. **Appointment of Attorney-in-Fact.** I name my daughter, KAREN OWEN GIBBS, as my Attorney-in-Fact.

B. **Appointment of Successor Attorney-in-Fact.** If my Attorney-in-Fact fails or ceases to serve as my Attorney-in-Fact, I name my son, DAVID S. OWEN, as my successor Attorney-in-Fact.

C. **Failure of Attorney-in-Fact to Serve.** In addition to the circumstances described in I.C. 30-5-4-4(a), any individual designated herein shall, for purposes hereof, be conclusively deemed to fail or cease to serve as my Attorney-in-Fact or my successor Attorney-in-Fact if the person designated herein to succeed such individual shall certify in writing that the individual is no longer capable of performing the individual's duties hereunder.

D. **Liability Limited.** My Attorney-in-Fact shall only be liable for actions taken in bad faith.

E. **No Fee.** My Attorney-in-Fact shall not be entitled to a fee for services provided as my Attorney-in-Fact. My Attorney-in-Fact shall, however, be entitled to reimbursement for expenses incurred in carrying out the duties and obligations imposed upon my Attorney-in-Fact by this instrument.

F. **Effective Immediately.** This power of attorney shall be effective as of the date it is signed.

G. **Powers and Authorities.** I give to my Attorney-in-Fact or any successor Attorney-in-Fact the following powers and authorities to be used and exercised on my behalf, to-wit:

1. **Real Property Transactions.** General authority with respect to real property transactions pursuant to I.C. 30-5-5-2;

2. **Tangible Personal Property Transactions.** General authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3;

3. **Bond, Share and Commodity Transactions.** General authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4;

4. **Retirement Plans.** General authority with respect to retirement plans pursuant to I.C. 30-5-5-4.5;

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5. **Banking Transactions.** General authority with respect to banking transactions pursuant to I.C. 30-5-5-5;
6. **Business Transactions.** General authority with respect to business operating transactions pursuant to I.C. 30-5-5-6;
7. **Insurance Transactions.** General authority with respect to insurance transactions pursuant to I.C. 30-5-5-7;
8. **Transfer on Death or Payable on Death Transfers.** General authority with respect to transfer on death or payable on death transfers pursuant to I.C. 30-5-5-7.5;
9. **Beneficiary Transactions.** General authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8;
10. **Gift Transactions.** General authority with respect to gift transactions pursuant to I.C. 30-5-5-9; provided, however, that gifts may be made on my behalf by my Attorney-in-Fact to any individual and such gifting authority shall not be limited by the restrictions set forth in I.C. 30-5-5-9 with respect to the individuals to whom gifts may be made.
11. **Fiduciary Transactions.** General authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10;
12. **Claims and Litigation.** General authority with respect to claims and litigation pursuant to I.C. 30-5-5-11;
13. **Family Maintenance.** General authority with respect to family maintenance pursuant to I.C. 30-5-5-12;
14. **Benefits From Military Service.** General authority with respect to benefits from military service pursuant to I.C. 30-5-5-13;
15. **Records, Reports and Statements.** General authority with respect to records, reports and statements pursuant to I.C. 30-5-5-14 and with respect to electronic records, reports, and statements pursuant to I.C. 30-5-5-14.5, including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my Attorney-in-Fact to act on my behalf before that taxing authority on any return or issue;
16. **Estate Transactions.** General authority with respect to estate transactions pursuant to I.C. 30-5-5-15;
17. **Delegate.** General authority with respect to delegating authority pursuant to I.C. 30-5-5-18;

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18. **Safe Deposit Box.** General authority to have access to and to enter at any time any safe deposit box in my name or in my name jointly with any other person or persons, and to remove any or all of the contents and surrender such box;

19. **Trusts.** General authority to transfer any of my property to the trustee(s) of any trust which I may have created for my benefit to be administered and distributed in accordance with the provisions thereof, to require the trustee(s) thereof to make payment of the income or principal to my Attorney-in-Fact and to do anything necessary to effect these transfers, including, but not limited to, entering any safe deposit boxes I may own and removing the contents, executing any checks or other orders to transfer any funds I have on deposit with any bank or other financial institution, executing any documents of title required to effect any transfer, giving any assurances or warranties to any person and executing any other documents on my behalf;

20. **Estate Planning.** Authority to conduct estate planning on my behalf including, but not limited to, the following acts:

a. to create trusts; and

b. to use any other devices I might use myself if I were competent, for the purpose of providing for me for the purpose of reducing tax liabilities, or for the purpose of preserving assets for my use and/or preservation for the persons designated by me in my Will or Revocable Trust to receive my assets (or if I have no Will and no Revocable Trust, for my heirs-at-law determined in accordance with the laws of intestate succession then in effect for the state of my domicile) Although my Attorney-in-Fact may make transfers to himself or herself if such transfers are otherwise authorized by this Estate Planning paragraph, in no event is my Attorney-in-Fact authorized or permitted to make any transfers pursuant to the power set forth above to his or her estate, his or her creditors, or the creditors of his or her estate. My Attorney-in-Fact shall pay from my assets any gift tax that may arise by reason of any gift.

c. to make gifts to facilitate my qualifying for the receipt of government benefits for my long-term health care and nursing home needs (i.e., old age pension or Medicaid benefits). Any such gifts made are to be made unconditionally to my adult children or to other adults who are part of my family as determined by my Attorney-in-Fact's sole discretion. Such gifts shall be irrevocable and my Attorney-in-Fact is authorized to make such gifts so long as my long term care is reasonably provided for by my Attorney-in-Fact from those assets subject to this power of attorney, or otherwise during the time period I would be disqualified from receiving long term care or medical assistance under the State of Indiana Medicaid program and the gifts to those individuals who generally take my assets pursuant to my then existing testamentary plan, provided, however, all such gifts are not required to be made pro rata. Any gifts made pursuant to this power of attorney by my Attorney-in-Fact may also include a gift to my Attorney-in-Fact so long as such gift is for my best interest and the best interest of my family as a whole. No limit as to the form or size of any gift made under this paragraph is hereby imposed.

d. In carrying out the foregoing powers, my Attorney-in-Fact shall be guided by the standard that these estate planning powers are designed, in part, for the preservation

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of my assets, and my Attorney-in-Fact shall exercise such powers in such a way as to provide for my best interest and the best interest of my family members. My Attorney-in-Fact may exercise any estate planning power without any prohibition against self-dealing. In connection with this estate planning, or pursuant to any other power or authority contained in this power of attorney, my Attorney-in-Fact may purchase any type of property that is considered to be an exempt resource under 470 IAC 9.1-3-17 or any other applicable law or regulation for Medicaid purposes or in respect of any other public or government program, including, but without being limited to, Supplemental Social Security ("SSI"), federal Social Security Disability Insurance ("SSDI"), any Medicaid or state equivalent program, any state insurance or supplemental income program, and Old Age Survivor and Disability Insurance program ("OASDI"); and

21. **All Other Matters.** General authority with respect to all other matters pursuant to I.C. 30-5-5-19.

H. **Health Care.** I give to my Attorney-in-Fact the power and authority to have access to records, including medical records, concerning my condition, and my Attorney-in-Fact is designated as my personal representative, as that term is defined in 45 CFR 164.502(g) of the Standards for Privacy of Individually Identifiable Health Information promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 for that limited purpose. Any entity or individual holding my health information is hereby authorized to disclose my health information to my attorney-in-fact as if the disclosure were requested by, and/or being made to, me. My Attorney-in-Fact shall not, by the terms of this power of attorney, have the power to make health care decisions for me, but shall merely have the power to request and receive my health information. My Attorney-in-Fact may make health care decisions for me if otherwise authorized to do so by other instruments executed by me or to the extent not prohibited by other instruments executed by me, if otherwise authorized to do so by law.

I. **Revocation of Prior Powers of Attorney.** This power of attorney revokes all other powers of attorney I executed prior to the date of this power of attorney. This power of attorney shall not, however, be deemed to revoke or in any way affect a separate limited power of attorney for health care which I may have executed concurrently herewith.

J. **Guardian/Protective Proceedings.** If protective proceedings such as proceedings to have a guardian appointed for me or for my estate by a Court, and/or proceedings to have me involuntarily detained or committed because I am mentally ill and either dangerous or gravely disabled, should become necessary or advisable or be commenced against me, I direct the following:

1. If a guardian is to be appointed for me, I request that my Attorney-in-Fact be appointed as my guardian;

2. If my Attorney-in-Fact determines, in the discretion of my Attorney-in-Fact, that such proceedings are necessary or in my best interest in order to protect my person and/or my property, then I authorize my Attorney-in-Fact to commence and pursue such proceedings, and

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I further authorize my Attorney-in-Fact to be represented in such proceedings by my attorney, Victor H. Prasco; and

3. I authorize my Attorney-in-Fact to expend my funds to pay for me to be represented by a separate attorney in any such proceedings if my Attorney-in-Fact deems, in my Attorney-in-Fact's discretion, that I need legal counsel, or if I am requesting legal counsel, or if the Court determines that I need legal counsel in connection with such proceedings.

K. Recording of Power of Attorney. This power of attorney must be recorded before my Attorney-in-Fact may execute and deliver any document for recording; and any such document that is presented for recording after having been executed by my Attorney-in-Fact must reference the book and page or instrument number where this power of attorney is recorded.

L. Record Keeping By Attorney-in-Fact. My Attorney-in-Fact shall keep complete records of all transactions entered into by my Attorney-in-Fact on my behalf and shall be accountable as provided by I.C. 30-5-6-4, as amended from time to time.

M. Revocation. I reserve the right to terminate and/or revoke this power of attorney at any time during my life by the execution and delivery of a written notice of revocation to my Attorney-in-Fact, signed by me, and if this power of attorney has been recorded, by recording the written notice of revocation which shall reference the book and page or instrument number where this power of attorney has been recorded.

N. Copy. Pursuant to I.C. 30-5-8-5, a copy of this power of attorney shall have the same force and effect as the original power of attorney if my Attorney-in-Fact certifies that the copy is a true and correct copy.

O. Reliance by Third Parties. Notwithstanding my right to revoke this power of attorney, any person or entity to whom this power of attorney (or a copy of this power of attorney certified by my Attorney-in-Fact pursuant to I.C. 30-5-8-5) is presented by my Attorney-in-Fact shall be entitled to rely on this power of attorney as conclusive evidence of the authority of my Attorney-in-Fact to act hereunder unless and until such third person or entity has actual notice that I have revoked this power of attorney.

P. Termination on Death. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

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Q. **Applicable Law.** This instrument is to be governed by the laws of the State of Indiana.

Executed on May 30, 2019.

Counterpart No. 1

Lewis W. Owen
Lewis W. Owen
Date of Birth: 8-30-38

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Lewis W. Owen and he, being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true this 30 day of May, 2019.



Victor H. Prasco

Victor H. Prasco, Notary Public
My Commission Expires: 01/12/2024
Commission No. NP0677979
Resident of Lake County, Indiana

Document Prepared By: Victor H. Prasco, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410

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. John Koss