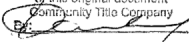


**DURABLE  
POWER OF ATTORNEY**

I, **BARBARA VASOS**, a resident of Lake County, Indiana, hereby create a Durable Power of Attorney, "Power", and appoint **BRADLEY M. MARCINKOVICH and CANDICE MARCINKOVICH** or the survivor of them, as my co-attorneys-in-fact, with joint and individual power to act for me according to Indiana Code I.C. 30-5-5, as it now exists or as it may be amended in the future. During such time as my co-attorneys-in-fact are acting, only one signature shall be required.

If my Attorney-In-Fact as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act, or become unavailable, I then and do designate and appoint **ALYSSA MARCINKOVICH** as my Successor Attorney-In-Fact.

This Power of Attorney shall become effective immediately.

CERTIFIED  
as true and exact copy  
of this original document  
Community Title Company  
By: 

**POWERS**

I give my Attorney-In-Fact, including any Successor Attorney-In-Fact, the powers contained in this Power. These powers are granted upon the condition that they will be used for my benefit and on my behalf and will be exercised solely in a fiduciary capacity.

1. **Real Property.**  
Authority with respect to real property transactions pursuant to I.C. 30-5-5-2;
2. **Tangible Personal Property.**  
Authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3;
3. **Bond, Share, And Commodity.**  
Authority with respect to bond, share, and commodity transactions pursuant to I.C. 30-5-5-4. This authority includes the power to purchase United States Government obligations which are redeemable at par in payment of estate taxes imposed by the United States Government;
4. **Retirement Plans.**  
Authority with respect to retirement plans pursuant to I.C. 30-5-5-4.5;
5. **Banking.**  
Authority with respect to banking transactions pursuant to I.C. 30-5-5-5, including but not limited to, the authority to have access to any and all safety deposit boxes in my name, and to open, inspect, inventory, place items in or remove items from and close any safety deposit boxes;
6. **Business.**  
Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6;
7. **Insurance.**  
Authority with respect to insurance transactions pursuant to I.C. 30-5-5-7;
8. **Beneficiary.**  
Authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8;

COMMUNITY TITLE COMPANY  
FILE NO. 42-777

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**9. Employee Benefit Plans.**

Authority and power to treat all interests which I may have in employee benefit trusts as described in I.C. 30-4-3-2(c), nonqualified deferred compensation arrangements, Individual Retirement Accounts, Annuities, and qualified Pension and Profit-Sharing Plans as beneficiary transactions coming within the scope of I.C. 30-5-5-8;

**10. Gifts.**

Authority with respect to gift transactions pursuant to I.C. 30-5-5-9;

**11. Fiduciary.**

Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10;

**12. Claims and Litigation.**

Authority with respect to claims and litigation pursuant to I.C. 30-5-5-11;

**13. Family Maintenance.**

Authority with respect to family maintenance pursuant to I.C. 30-5-5-12;

**14. Military Service.**

Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13;

**15. Records, Reports, And Statements.**

Authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14, including, but not limited to, 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. Digital Assets.**

Authority with respect to digital assets transactions pursuant to I.C. 30-5-5-14.5;

**17. Estate Transactions.**

Authority with respect to estate transactions pursuant to I.C. 30-5-5-15;

**18. Delegating Authority.**

Authority with respect to delegating authority in writing to one (1) or more persons as to any or all powers given to my Attorney-In-Fact by this Power, pursuant to I.C. 30-5-5-18;

**19. Pets.**

Authority to access and care for any and all animals owned by me and expend funds necessary for the animal's care and other needs;

**20. All Other Matters.**

Authority with respect to all other possible matters and affairs affecting property owned by me pursuant to I.C. 30-5-5-19.

I am specifically excluding IC § 30-5-5-16 conferring general authority with respect to health care powers and IC § 30-5-5-17 conferring general authority with respect to withdrawing or withholding of medical treatment on behalf of the principal from this Durable Power of Attorney. These powers have been designated under my Advance Directive for Health Care Decisions.

## GIFTS AND MISCELLANEOUS

My Attorney-In-Fact shall have general authority with respect to financial and estate planning,

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considering factors related to both my incapacity and death. By way of example and not by way of limitation in describing these powers, my Attorney-In-Fact shall have the authority to engage in the following acts:

1. To give at any time or times any or all of my assets, cash, property, or interests in property, including any right to receive income from any source and including a change of ownership or beneficiary on any policy life insurance, to those persons and in the same proportions as set forth in my estate planning instruments, and without regard to any restrictions on the 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 for my 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 contained in this section are for the purpose of reducing tax liability and effecting transfers to family and charities.

In carrying out the powers granted in this section, my Attorney-In-Fact shall be guided by the standard that the estate planning powers designated, in part, for the preservation of my assets and shall exercise such powers in a way as to provide for my best interests and of the beneficiaries of the plan, without any prohibition against self-dealing.

I hereby designate and appoint the next named 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 gifts made by my special agent and all gifts made by my Attorney-In-Fact shall be made to those persons and 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 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.

My Attorney-In-Fact shall have full power and authority to establish a new residence or legal domicile for me, from time to time and at any time, within or without this state, and within or without the United States, for such purposes as my Attorney-In-Fact shall deem appropriate, including, but not limited to, any purpose for which this instrument is created.

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 as fully to all intents and purposes as I might or could do for myself.

Notwithstanding the foregoing, in no event shall my Attorney-In-Fact have any of the following powers:

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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.

I ratify and confirm all that my Attorney-In-Fact does, or causes to be done, under the authority granted in this Power. All documents signed, endorsed, drawn, accepted, made, executed, or delivered by my Attorney-In-Fact shall bind me, my estate, my heirs, successors, and assigns except for those done with willful misconduct or gross negligence.

### THIRD-PARTY RELIANCE

For the purposes of inducing third parties to act in accordance with the powers granted to my Attorney-In-Fact in this Power, I hereby represent, warrant, and agree that:

1. If this document is revoked or amended for any reason, I, my estate, my heirs, successors, and assigns will hold harmless any third party from any loss suffered, or liability incurred, by the third party in acting in accordance with this document before the third party's receipt of written notice of termination or amendment;
2. The powers conferred on my Attorney-In-Fact by this document may be exercised by him or her alone, and his or her signature or act under the authority granted in this document 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. The powers conferred on my co-Attorney-In-Facts, if any, by this document shall be exercised by them jointly, in the same manner and with the same force and effect as provided above.
3. No person who acts in reliance upon any representation of my Attorney-In-Fact as to the scope of his or her authority granted under this document shall incur any liability to me, my estate, my heirs, successors, or assigns for permitting my Attorney-In-Fact to exercise any such power, nor shall any person who deals with my Attorney-In-Fact be responsible to determine or ensure the proper application of funds or property.
4. My Attorney-In-Fact shall have the right to seek appropriate court orders if a third party refuses to comply with actions taken by him or her which are authorized by this document or if necessary to enjoin acts by third parties not authorized by my Attorney-In-Fact. In addition, my Attorney-In-Fact may sue a third party who fails to comply with actions I have authorized my Attorney-In-Fact to take and demand damages, including punitive damages and attorney's fees, on my behalf for such noncompliance.

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## REVOCAION AND AMENDMENT

I revoke all prior general Power of Attorneys that I may have executed, specifically excluding special Power of Attorneys. I retain the right to revoke or amend this Power and to substitute other Attorney-In-Facts 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.

## AUTHORITY OF SUCCESSOR ATTORNEY IN FACT

1. Any Attorney-In-Fact named in this Power shall be considered to fail or cease to serve when:
  - a. The Attorney-In-Fact dies, resigns, is adjudged incapacitated by a Court, cannot be located upon reasonable inquiry, or if at one time was the principal's spouse and legally is no longer the principal's spouse; or
  - b. 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.
2. 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 not intended to be the exclusive means for establishing the death of any Attorney-In-Fact named in this Power;
3. 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;
4. 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;
5. In the event any individual named in the Power fails or ceases to serve as my Attorney-In-Fact, the individual shall have no further power under this instrument, except for any power as 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.

## EFFECTIVE DATE

This Power of Attorney shall become effective immediately.

## DETERMINATION OF INCAPACITY

For the purpose of this Power, a person shall be deemed incapacitated when that person's incapacity has been declared by a court of competent jurisdiction or upon execution of a certificate by one (1) attending physician licensed to practice in the state of that person's residence, which

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certificate states the physician's opinion that the person is incapable of caring for himself or herself. The effective date of such incapacity shall be the date of a decree adjudicating the incapacity or the date of the physician's certificate, as the case may be. A certified copy of the decree declaring the incapacity, or the physician's certificate, shall be attached to the original of this document and recorded in the same county or counties as the original, if the original is recorded.

A person shall be deemed to have regained capacity if there is a finding to that effect by a court of competent jurisdiction or upon execution of a certificate executed by one (1) physician licensed to practice in the state of that person's residence which states the physicians' opinion that the person is capable of caring for himself or herself. The effective date of such regained capacity shall be the date of the decree adjudicating the regained capacity, or the date of the physician's certificate, as the case may be. A certified copy of the decree declaring such person's capacity or the physician's certificate shall be attached to the original of this document and recorded in the same county or counties as the original, if the original is recorded.

I hereby voluntarily waive any physician-patient privilege or psychiatrist-patient privilege that may exist in my favor, and I authorize physicians to examine me and disclose my physical or mental condition in order to determine my incapacity for purposes of this document. For the purposes of determining my incapacity, I designate the individual then acting, or eligible to act as my Attorney-In-Fact under this Power as my Personal Representative regarding my "protected health" information (PHI), as provided in 45 C.F.R. 164.502(g)(2), who is to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records including any information governed by the Health Insurance Portability and Accountability Act of 1996 as amended.

## GUARDIANSHIP

In the event a proceeding is brought to establish a guardianship for me, I appoint the individual then acting, or eligible to act, as my Attorney-In-Fact under this Power, to serve as guardian, and to have responsibility for the care, custody, and management, and supervision of my property and physical person.

## COUNTERPARTS

This document may be executed in any number of counterparts and each shall constitute an original of one and the same document.

## SEVERABILITY

If any provision of this document is not enforceable or is not valid, the remaining provisions shall remain effective.

## EXCULPATION

Neither my Attorney-In-Fact nor any of his or her substitutes shall incur any liability to me, my estate, my heirs, successors, or assigns for acting or refraining from acting hereunder, except for willful misconduct or gross negligence.

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## GOVERNING LAW

This document shall be governed by the laws of the State of Indiana in all respects, including its validity, construction, interpretation, and termination. This Durable Power of Attorney is also intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.

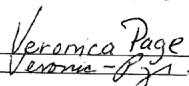
I have received from my Attorney, a copy of those sections Indiana Code 30-5-5 which are incorporated by reference in Section 1 of this Power. I have reviewed these powers and am incorporating by reference herein those which comply with my wishes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13th day of October, 2023.

  
\_\_\_\_\_  
BARBARA VASOS

## WITNESS

I certify that I am of legal age and that I have witnessed the foregoing appointment.

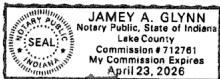
  
\_\_\_\_\_  
Veronica Page, Witness

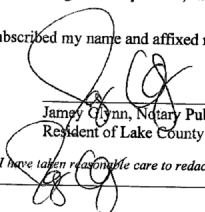
## ACKNOWLEDGMENT

STATE OF INDIANA    )  
                                  ) SS:  
COUNTY OF LAKE    )

Before me, a Notary Public in and for said County and State, on this 13th day of October, 2023 personally appeared Barbara Vasos who acknowledged and executed the foregoing Durable Power of Attorney as her voluntary act, and who, having been duly sworn, stated that any representations therein are true.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.



  
\_\_\_\_\_  
Jamey Glynn, Notary Public  
Resident of Lake County, Indiana

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. By: \_\_\_\_\_ Jamey Glynn, Attorney at Law

Prepared by: Jamey Glynn, JOSTES & GLYNN, LLP, 13321 Wicker Avenue, Cedar Lake, Indiana, 46303, T: 219-232-6112, jglynnjd@gmail.com