

CONTINGENT DURABLE POWER OF ATTORNEY

(authority contingent on incompetence of grantor and terminates upon death of grantor)

OF

LENORE COOVER

AK/A Lenore Lee Coover AK/A Lenore F. Coover

ARTICLE I – DESIGNATION OF AGENT

1.1 I, Lenore Coover, currently of Lake County, Indiana, being an adult and mentally competent do hereby designate and appoint my daughter, Gail Coover and/or my son, Stephen Coover, as my true and lawful Attorney(s)-in-Fact, hereinafter sometimes referred to as my Agent(s), giving my Agent(s) full authority and power to make financial, asset management, and personal decisions for me in my name, place and stead as authorized in this document.

1.1.a. It is my intention to give authority to my Attorney(s)-in-Fact to act both simultaneously and independently on my behalf.

1.2 The authority and power I have granted under this document terminates upon my death.

ARTICLE II – REVOCATION OF PRIOR POWERS

2.1 I hereby revoke all powers of attorney, general and/or limited, heretofore granted by me as a principal and terminates all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any, excepting the Appointment of a Health Care Representative which is being executed contemporaneously with this document.

ARTICLE III – GENERAL ASSET AND FINANCIAL POWERS

3.1 My Attorney(s)-in-Fact is/are authorized, in his/her sole and absolute discretion, from time to time and at any time subject to contingency contained in Article IV, Paragraph 4.2, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as follows:

3.1.1 **Real Property:** General authority with respect to real property transactions pursuant to I.C. 30-5-5-2; and, in addition to the other powers listed therein, to purchase any type of real property that is considered or can be made an exempt resource under Medicaid Rules;

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3.1.2 **Tangible Personal Property Transactions:** General authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3; and in addition to the other powers listed therein, to purchase any type of personal property that is considered or can be made an exempt resource under Medicaid Rules.

3.1.3 **Bond, Share and Commodity Transactions:** General authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4. This authority shall include the power to purchase and sell bonds and commodities, including U.S. Government bonds, and to purchase any other type of property that can be made exempt or unavailable resource under Medicaid Rules.

3.1.4 **Banking Transactions:** General authority with respect to banking transactions and the power to place documents or property in or remove from any deposit box I may have and all other powers pursuant to I.C. 30-5-5-5.

3.1.5 **Business Operating Transactions:** General authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.

3.1.6 **Insurance Transactions:** General authority with respect to insurance transactions pursuant to I.C. 30-5-5-7, including the right to change beneficiaries or ownership, and to exercise any rights to which I may be entitled, on any policy that I own, and to apply for and otherwise deal with Medicare or Medicaid benefits.

3.1.7 **Beneficiary Transactions:** General authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8.

3.1.8 **Gift Transactions:** General authority with respect to gift transactions pursuant to I.C. 30-5-5-9, including the power to make gifts of my property, in trust or otherwise, to my attorney-in-fact or others, without limitation as to amounts, in excess of or less than the amount excluded from gifts under Section 2503(b) of the Internal Revenue Code of 1986, as it may be amended, or any successor code or regulation thereto, and without regard to the specific restrictions on aggregate annual value for gifts to individuals that are set forth in I.C. 30-5-5-9, and to engage the services of attorneys and others for the purpose of doing Medicaid eligibility planning which includes making transfers that allow my assets and/or income to be distributed to those individuals who would otherwise benefit from my estate, including my attorney-in-fact.

3.1.9 **Fiduciary Transactions:** General authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.

3.1.10 **Claims and Litigation:** General authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.

3.1.11 **Family Maintenance:** General authority with respect to family maintenance pursuant to I.C. 30-5-5-12.

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3.1.12 **Benefits from Military Service:** General authority with respect to benefits from military service pursuant to I.C. 30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Veterans Administration.

3.1.13 **Records, Reports, and Statements:** General authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14; including the power to prepare, sign and file state and federal income tax returns on my behalf, including Forms 1040, 1040X, 709, 843, IT-40, IT-40X and any other tax form for the years 2005 through 2025, and the power to execute on my behalf Form 2848, 8821, POA-1 or any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue and to carry out the purposes of this delegation of authority.

3.1.14 **Estate Transactions:** General authority with respect to estate transactions pursuant to I.C. 30-5-5, including the power to create, modify, amend and revoke revocable and /or irrevocable trust for me and /or grantor.

3.1.15 **Delegating Authority to Others:** General authority with respect to delegating authority to others pursuant to I.C. 30-5-4-18.

3.1.16 **All Other Matters:** General authority with respect to all other matters pursuant to I.C. 30-5-5-19, except for health care decisions.

ARTICLE IV – PROVISION APPLICABLE TO ARTICLE III

4.1 With respect to Article III (general asset and financial powers), it is to be understood that the authority I have conferred on my Attorney(s)-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

4.2 **FURTHERMORE, THIS POWER OF ATTORNEY AND THE AUTHORITY I HAVE CONFERRED AND SPECIFIED UNDER ARTICLE III ABOVE SHALL BECOME EFFECTIVE ONLY IN THE EVENT THAT I BECOME DISABLED OR LEGALLY INCAPACITATED TO ACT ON MY OWN BEHALF AS DETERMINED IN WRITING BY MY ATTORNEY-IN-FACT AND MY ATTENDING PHYSICIAN.**

4.3 **THIS POWER SHALL NOT BE AFFECTED BY THE LAPSE OF TIME.**

(Contingent Power of Attorney of Lenore Coover continued)

ARTICLE V – THIRD PARTY RELIANCE

5.1 No person who relies in good faith upon any representations by or authority of my Attorney(s)-in-Fact shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

ARTICLE VI – NOMINATION OF GUARDIAN

6.1 In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney(s)-in-Fact, hereinabove designated and appointed, to be my guardian.

ARTICLE VII – MISCELLANEOUS PROVISIONS

7.1 This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.

7.2 My Attorney(s)-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.

7.3 My Attorney(s)-in-Fact, including heirs, legatees, successors, assigns, personal representatives and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability, (including civil, criminal, administrative or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives or estate, arising out of the acts or omissions of my Attorney(s)-in-Fact, except for willful or gross negligence.

7.4 My Attorney(s)-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as any original.

7.5 If any part or provision of this instrument shall be determined to be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

7.6 This instrument, and actions taken by my Attorney(s)-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

7.7 My Attorney(s)-in-Fact shall keep a record of all transactions made on my behalf under this Power of Attorney. The accounting shall be made available to the Executor(trix) of my estate at the time of my death. No other accounting, unless requested by me or ordered by a court, is required.

IN WITNESS WHEREOF, I have hereunto executed this Contingent Durable Power of Attorney on this 10 day of November, 2020.

Lenore Coover
Lenore Coover

cc A/K/A Lenore Lee Coover
A/K/A Lenore F. Coover

STATE OF INDIANA)
) SS;
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, on November 10th, 2020, personally appeared Lenore Coover, and acknowledged the execution of the foregoing Contingent Durable Power of Attorney. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

* A/K/A Lenore Lee Coover A/K/A Lenore F. Coover



Selma Adad
Signature of Notary Public

My Commission Expires: 1/17/2026

County of Residence: Lake

This document prepared by: Selma Susan Adad, Attorney No. 25228-45, P.O. Box 9224, Highland, IN 46322, (219) 972-6000

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.

Name Kim A Diaz

NOT AN OFFICIAL DOCUMENT

EXHIBIT "A"

Property Address: 8833 Southmoor Avenue, Highland, IN 46322
File No.: 24-21523

Lot 8 in Block 9 in Brantwood Addition to the Town of Highland, as per plat thereof, Recorded in Plat Book 17, Page 5 in the Office of the Recorder of Lake County, Indiana.

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

Property of Lake County Recorder