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POWER OF ATTORNEY

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Doc# 1705846164 Fee \$50.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/27/2017 03:08 PM PG: 1 OF 2

PIN: 32-06-123-004-0000

LOT TWENTY THREE (23) IN BLOCK THREE (3) IN SECOND ADDITION TO DOWNEY MANOR BEING A SUBDIVISION IS THE SOUTH HALF OF THE NORTHWEST QUARTER OF SECTION SIX (6), TOWNSHIP THIRTY FIVE (35) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT OF SAID SUBDIVISION RECORD OCTOBER 18, 1950 AS DOCUMENT #14930238, COOK COUNTY, ILLINOIS.

ADDRESS: 18615 LEXINGTON AVENUE
HOMWOOD, IL 60430

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON DESIGNATED (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THE POWER, UNTIL YOU REVOKE THIS POWER OR A COURT ACTION ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY

KNOW EVERYONE BY THESE PRESENTS, which are intended to constitute a Durable General Power of Attorney, **THAT I, William H. Miller**, having an address at 18615 Lexington, Homewood, Illinois 60430, hereby make, constitute and appoint my daughter **Joyce Dahlberg** of Crown Point, Indiana, as my agent TO ACT in my name, place and stead in any way which I could do, if I were personally present, with respect to the following matters as each of them is defined in Section 3-4 of the Illinois "Statutory Short Form Power of Attorney for Property Law" (including all amendments), to the extent that I am permitted by law to act through an agent:

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.

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- (k) Commodity and options transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

If my daughter Joyce Dahlberg is unable, unwilling or unavailable to act as my agent, I appoint my son William H. Miller, Jr. of Lenexa, Kansas as my agent.

In addition to the powers granted above, I grant my agent the following powers:

MEDICAID PLANNING

In addition to the foregoing, my Attorney-in-Fact shall have the authority to do Medicaid (and other care benefit) planning and transfers on my behalf to protect and preserve my estate from the burdens of long term health care so that I may receive benefits from government programs (including but not limited to Medicaid and the VA pension program), including the authority to:

- A. Make gifts of any or all of my assets;
- B. Purchase assets that are exempt or not counted in determining qualification under the Medicaid resource test;
- C. Loan or transfer assets; and
- D. Create, revoke or amend any trust to qualify for these benefits or to protect my assets from claims or liens of creditors if laws, regulations, rules or administrative interpretations change.

SPECIFIC AUTHORITY TO REPRESENT PRINCIPAL

WITH INTERNAL REVENUE SERVICE

I grant to my acting Power of Attorney the rights granted under the IRS Power of Attorney and Declaration Representative Form 2848 to have access to all of my files and records with the Internal Revenue Service Department, to secure copies of all prior income tax returns filed by me as well as gift tax returns and corporate tax returns filed by me. In addition, in the event that I am incapacitated, my acting Power of Attorney shall have the authority to sign all tax returns required on my behalf. My Power of Attorney is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters, which would include the authority to sign any agreements, consent, or other documents. In addition, I grant my Power of Attorney the right to receive refund checks, the power to sign returns and the power to execute a request for disclosure of tax returns or return information.

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My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

My agent shall be entitled to reasonable compensation for services performed hereunder, and 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. My agent shall be entitled to reimbursement for reasonable expenses incurred and paid as agent under this power of attorney.

If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

This power of attorney shall only become effective upon my incapacity and disability wherein I am no longer able to personally handle my financial and business affairs. I direct the named Attorney-in-Fact to secure a medical statement from my doctor with regard to my condition prior to assuming their authority under this document. This limitation as to the effective date of this Power of Attorney being restricted to my mental or physical disability, does not restrict or limit my authority to request that my Attorney-in-Fact proceed under this Power of Attorney and assume their designated responsibilities as set out in this document upon my request prior to any mental incapacity or physical disability, but rather as a matter of convenience on my behalf.

This power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent or incapacitated or the lapse of time. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this power of attorney.

I am fully informed as to all the contents of this power of attorney and understand the full import of this grant of powers to my agent.

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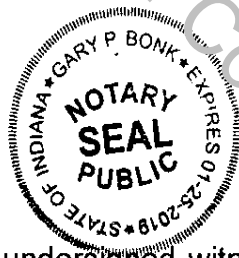
IN WITNESS WHEREOF, I have executed this power of attorney this 29th day of March, 2016.

William H. Miller
William H. Miller

STATE OF INDIANA, COUNTY OF LAKE, ss.

The undersigned, a notary public in and for the above county and state, certifies that William H. Miller known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witnesses in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: March 29, 2016



Gary P. Bonk
Gary P. Bonk, Notary Public
My Commission Expires: 1/25/2019

The undersigned witnesses certify that William H. Miller known to be the same person whose name is subscribed as principal of the foregoing power of attorney, appeared before us and the Notary Public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth and we believe him to be of sound mind and memory.

Dated: March 29, 2016

Colleen M. Kerrigan
Colleen M. Kerrigan

Residing at:
900 Parker Place, Suite A
Scherverville, Indiana 46375

Rosemarie Juran
Rosemarie Juran

Residing at:
900 Parker Place, Suite A
Scherverville, Indiana 46375

This document was prepared by:

Gary P. Bonk
Law Offices of Gary Bonk
900 Parker Place, Suite A
Scherverville, IN 46375

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AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, Joyce Dahlberg (insert name of agent), certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for William H. Miller (insert name of principal).

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: 2/23/17

Joyce Dahlberg
(Agent's Signature)

Joyce Dahlberg
(Print Agent's Name)

701 1/2 Grant St, Crown Pt, In 46307
(Agent's Address)

*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)
(Source: P.A. 96-1195, eff. 7-1-11.)

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