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FILED

John P. Berry

MAY 18 1992

**GENERAL POWER OF ATTORNEY
OF**

92031954 **JOHN P. BERRY**

Anna M. Anton
AUDITOR LAKE COUNTY

BY THIS POWER OF ATTORNEY, I 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.

1. As my attorney-in-fact, I name Deborah L. Berry, whose address and telephone number are 8930 Porter Court, Crown Point, Indiana 46307.

A. ~~LIABILITY LIMITED.~~ My attorney-in-fact shall only be liable for actions undertaken in bad faith.

B. ~~NO FEE.~~ My attorney-in-fact shall not be entitled to a fee for services provided as my attorney-in-fact.

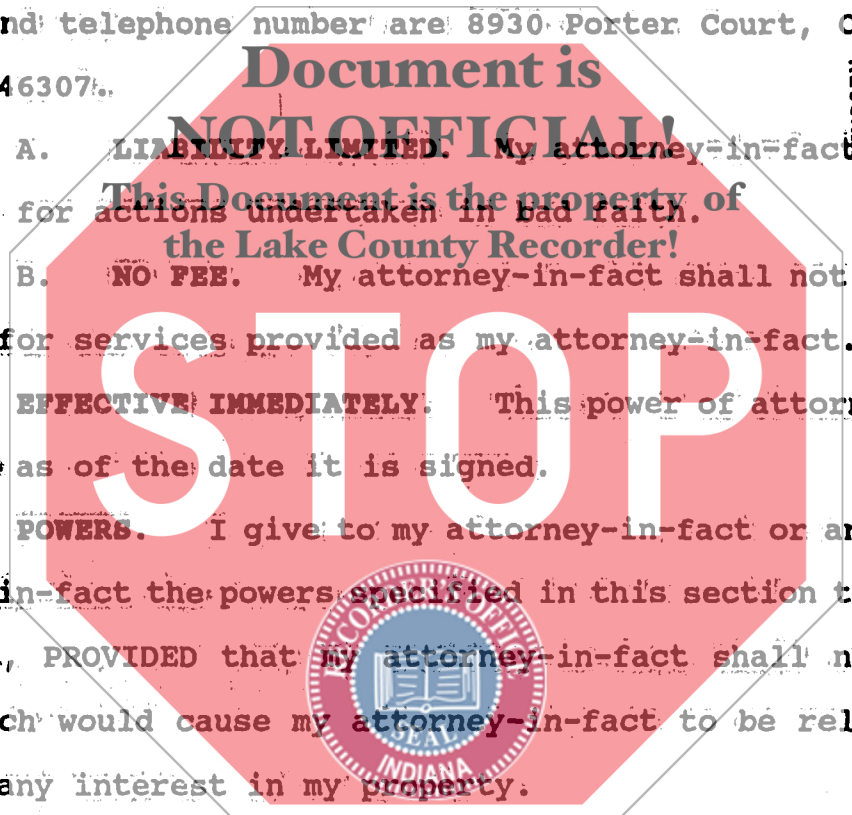
2. ~~EFFECTIVE IMMEDIATELY.~~ This power of attorney shall be effective as of the date it is signed.

3. ~~POWERS.~~ I give to my attorney-in-fact or any successor attorney-in-fact the powers specified in this section to be used on my behalf, PROVIDED that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be related as the owner of any interest in my property.

A. ~~REAL PROPERTY.~~ Authority with respect to real property transactions pursuant to I.C. 30-5-5-2.

B. ~~TANGIBLE PERSONAL PROPERTY.~~ Authority with respect to tangible personal property pursuant to I.C. 30-5-5-3.

C. ~~BOND, SHARE AND COMMODITY.~~ Authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4.



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D. **BANKING.** Authority with respect to banking transactions pursuant to I.C. 30-5-5-5.

E. **BANKING.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.

F. **INSURANCE.** Authority with respect to insurance transactions pursuant to I.C. 30-5-5-7 provided that references in I.C. 30-5-5-7(a) (2) and (3) to "section 8" are changed to "section 9."

G. **BENEFICIARY.** Authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8.

H. **GIFTS.** Authority with respect to gift transactions pursuant to I.C. 30-5-5-9.

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

J. **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.

K. **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to I.C. 30-5-5-12.

L. **MILITARY SERVICE.** Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13.

M. **RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports and statements pursuant to I.C. 30-5-5-14, 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.

N. **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15.

O. **HEALTH CARE.** Authority with respect to health care pursuant to I.C. 30-5-5-16.

P. **HEALTH CARE REPRESENTATIVE APPOINTMENT WITH POWER TO STOP HEALTH CARE.** I appoint my attorney-in-fact as my health care representative with authority to act for me in all matters of health care in accordance with I.C. 16-8-12 as shown by the appointment under I.C. 16-8-12 which is attached to this power of attorney pursuant to I.C. 30-5-5-16(b)(2) and I.C. 30-5-5-17.

Q. **DELEGATE.** Authority with respect to delegating authority pursuant to I.C. 30-5-5-18.

R. **ALL OTHER MATTERS.** Authority with respect to all other matters pursuant to I.C. 30-5-5-19.

S. **ESTATE PLANNING.** Authority to conduct estate planning on my behalf, including but not limited to the following acts:

a. the making of gifts of any or all of my cash, property or interests in property, including any right to receive income from any source, to those persons and in the same proportions (except as my attorney-in-fact may otherwise determine based on the standard set forth below) as set forth in the residuary clause of my Last Will and Testament; and without regard to any restrictions on aggregate yearly value of a gift to an individual as set forth in I.C. 30-5-9-2;

b. the creation of trusts; and

c. the use of any other devices I might use myself were I competent.

for the purpose of providing for my spouse and/or other members of

my family, reducing tax liability or preserving assets for use by my spouse or other family members in the event I require long term health care;

In carrying out the powers granted in this paragraph, my attorney-in-fact shall be guided by the standard that the estate planning powers are designated, in part, for the preservation of my assets and he or she shall exercise such powers in such a way as to provide for my best interests and the best interests of my family members. My attorney-in-fact may exercise any estate planning power without any prohibition against self-dealing;

To purchase any type of property that is considered to be an exempt resource under 470 IAC 9.1-3-17.

To purchase, from a reputable insurance company, a non-assignable, non-cancelable sign premium, irrevocable straight life commercial annuity for my life which annuity shall provide monthly installment payments either to me or to my spouse at the discretion of my attorney-in-fact and may provide that if I die before the initial cost of the annuity has been paid, then the remaining balance shall be distributed to the same beneficiaries of my Last Will and Testament in effect at the time of the purchase of such annuity.

4. **ALL PRIOR POWERS OF ATTORNEY REVOKED.** All powers of attorney executed by me prior to the date of this power of attorney are revoked.

5. **GUARDIAN.** If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my

attorney-in-fact to act on my behalf or as my guardian.

6. **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.

I have executed this instrument on April 7, 1992.

John P. Berry
Name Signed

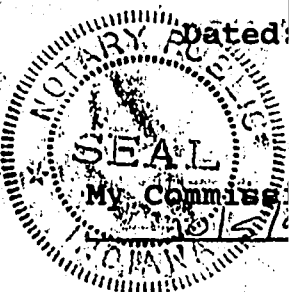
John P. Berry
Name Printed

Document is 5377
Social Security Number

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STATE OF INDIANA This Document is the property of
COUNTY OF LAKE the Lake County Recorder!

The undersigned, a notary public in and for the above county and state, residing in Lake County, Indiana, certifies and witnesses that the above signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.



Dated: April 7, 1992



Julia M. Curtis
Notary Public

My Commission Expires: 10/5/95 Resident of Jasper County

THIS INSTRUMENT PREPARED BY: MARK S. LUCAS;
LUCAS, HOLCOMB & MEDREA
300 EAST 90TH DRIVE
MERRILLVILLE, INDIANA 46410