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General Durable Power of Attorney

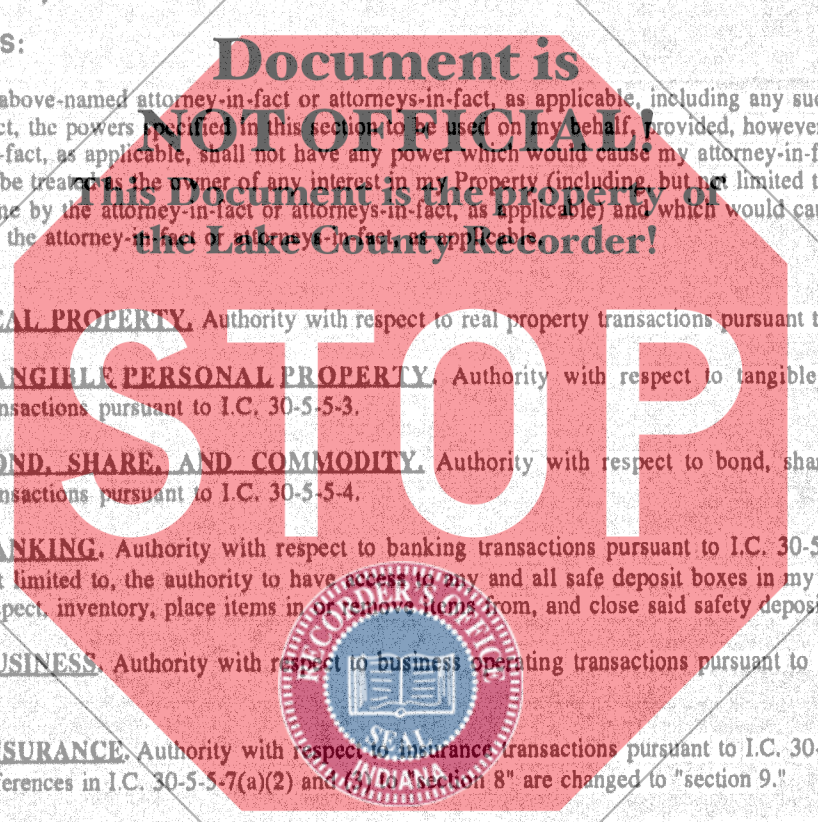
By this General Durable Power of Attorney, I name an attorney in-fact with power to act on my behalf pursuant to Indiana Code (I.C.) 30-5, as it exists now and is amended in the future.

I, WALTER J. KAZIC, of LAKE County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate PAMELA K. MEYTHALER, of Vanderburg County, State of Indiana, my true and lawful attorneys-in-fact.

1. POWERS:

I give to my above-named attorney-in-fact or attorneys-in-fact, as applicable, including any successor attorney-in-fact or attorneys-in-fact, the powers specified in this section to be used on my behalf, provided, however, that my attorney-in-fact or attorneys-in-fact, as applicable, shall not have any power which would cause my attorney-in-fact or attorneys-in-fact, as applicable, to be treated as the owner of any interest in my Property (including, but not limited to, retained interests in property given to me by the attorney-in-fact or attorneys-in-fact, as applicable) and which would cause that property to be taxed as owned by the attorney-in-fact or attorneys-in-fact, as applicable.

- (a) **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-1.
- (b) **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property transactions 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.
- (d) **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 safe deposit boxes in my name, and to open, inspect, inventory, place items in or remove items from, and close said safety deposit boxes.
- (e) **BUSINESS.** 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 but not limited to, the power to execute on my behalf any specific power of attorney-in-fact to act on my behalf before that taxing authority on any return or issue.



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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

JANIS M. COLE, CLERK
RECORDER

FILED

NOV 30 1995

**SAM ORLICH
AUDITOR LAKE COUNTY**

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CK# 10828

- (n) **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-55-15.
- (o) **DELEGATING AUTHORITY.** Authority with respect to delegating authority in writing to one (1) or more persons as to any or all powers given to the attorney-in-fact by this General Durable Power of Attorney document, pursuant to I.C. 30-5-5-18.
- (p) **ALL OTHER MATTERS.** Authority with respect to all other possible matters and affairs affecting property owned by me pursuant to I.C.

I hereby ratify and confirm all that my attorney-in-fact or attorneys-in-fact, as applicable, shall do by virtue of the above powers.

2. EFFECTIVE DATE:

This Power of Attorney shall become effective on the 15 day of April, 1992, and shall not be affected by my subsequent disability or incapacity.

3. TERMINATION:

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have signed a written instrument identifying this Power of Attorney and recorded the same in the Recorder's Office of the county of my domicile; provided, however, that if this Power of Attorney was recorded, then the instrument of revocation must be recorded in the same Recorder's Office as this Power of Attorney was recorded (which, if different from the Recorder's Office of the county of my domicile, will require recording of the instrument of revocation in the Recorder's Office of the county of my domicile and the Recorder's Office where this Power of Attorney was recorded) and must reference the book and page or instrument number where this Power of Attorney is recorded.

FURTHER, I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON, WHO, IN GOOD FAITH, ACTS UNDER THIS POWER OF ATTORNEY OR TRANSACTS BUSINESS WITH MY ATTORNEY-IN-FACT OR ATTORNEYS-IN-FACT, AS APPLICABLE, IN RELIANCE UPON THIS POWER, WITHOUT ACTUAL KNOWLEDGE OF ITS REVOCATION.

4. AUTHORITY OF SUCCESSOR ATTORNEY-IN-FACT OR ATTORNEYS-IN-FACT, AS APPLICABLE:

- (a) Any attorney-in-fact hereunder shall be considered to fail to serve, or cease to serve, when:
 - (1) the attorney-in-fact dies;
 - (2) the attorney-in-fact resigns;
 - (3) the attorney-in-fact is adjudged incapacitated by a court;
 - (4) the attorney-in-fact cannot be located upon reasonable inquiry;
 - (5) the attorney-in-fact, if at one time the principal's spouse, legally is no longer the principal's spouse; or
 - (6) a physician familiar with the condition of the current attorney-in-fact certifies in writing to the immediate success or 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.
- (b)
 - (1) The death of any attorney-in-fact hereunder may be established by the affidavit of any person named as an attorney-in-fact hereunder; however, this is not intended to be the exclusive means for establishment of the death of any attorney-in-fact hereunder.
 - (2) The resignation of any attorney-in-fact hereunder may be established by a written document bearing such attorney-

in-fact's notarized signature to that effect; however, this is not intended to be the exclusive means for establishment of the resignation of any attorney-in-fact hereunder.

- (3) The inability to locate any attorney-in-fact hereunder upon reasonable inquiry may be established by the affidavit of any person named as an attorney-in-fact hereunder; however, this is not intended to be the exclusive means for establishment of the inability to locate any attorney-in-fact hereunder upon reasonable inquiry.

5. REIMBURSEMENT OF EXPENSES/COMPENSATION:

My attorney-in-fact or attorneys-in-fact, as applicable, shall be entitled to reimbursement of all reasonable expenses advanced by my attorney-in-fact or attorneys-in-fact, as applicable, on behalf of me.

Also my attorney-in-fact or attorneys-in-fact, as applicable, shall be entitled to a reasonable fee for services rendered. My attorney-in-fact or attorneys-in-fact, as applicable, shall, not later than twelve (12) months after the date the service is rendered, notify me in writing of the amount claimed as compensation for rendering the service.

6. GUARDIANSHIP

In the event a judicial proceeding is brought to establish a guardianship for me, I hereby appoint the individual then acting as my attorney-in-fact, as applicable, pursuant to the foregoing provisions of this Power of Attorney to serve as guardian to have responsibility for the care, custody, and management of my property, and, to have responsibility for the care, custody, and supervision of my physical person.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day 15 of April, 1992.

Signature of Walter J. Kazic
Walter J. Kazic

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



Before me the undersigned, a Notary Public in and for said County and State, personally appeared WALTER J. KAZIC, who acknowledged the execution of the foregoing

General Durable Power of Attorney and delivered said instrument as his free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial Seal this 15 day of April, 1992.

Signature of Notary Public

Printed Signature of Notary Public

My Commission Expires: 7-5-95
My County of Residence: Lake

Notary Seal: PATRICIA A. REES, Notary Public, Lake County, Indiana
p.o. Box 488
Hobart 47342