

STATE OF INDIANA LAKE COUNTY FILED FOR 1700010

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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW, MAICH SHOULD ONLY BE DONE BY A LAWYER.

## **POWER OF ATTORNEY**

OF

AMY K. SLATER

PRINCIPAL

**TO** 

STEVEN G. SLATER

ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. POWERS. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

| real property transactions;              | (IC 30-5-5-2) | fiduciary transactions;           | [IC 30-5-5-10] |
|--|---------------|-----------------------------------|----------------|
| tangible personal property transactions; | (IC 30-5-5-3) | claims and litigation;            | [IC 30-5-5-11] |
| bond, share, and commodity transactions; | (IC 30-5-5-4) | family maintenance;               | (IC 30-5-5-12) |
| banking transactions;                    | (IC 30-5-5-5) | benefits from military service;   | [IC 30-5-5-13] |
| business operating transactions;         | [IC 30-5-5-6] | records, reports, and statements; | [IC 30-5-5-14] |
| insurance transacitons;                  | [IC 30-5-5-7] | estate transactions;              | [IC 30-5-5-15] |
| beneficiary tarnsactions;                | [IC 30-5-5-8] | all other matters.                | [IC 30-5-5-19] |
| gift transactions:                       | IIC 30-5-5-91 |                                   |                |

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. RESERVATION OF POWER TO ACT AND TO REVOKE. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. CHAPTERS OF STATUTE ALSO APPLICABLE. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions [IC 30-5-2]

General Provisions [IC 30-5-3]

Duties [IC 30-5-6]

Termination [IC 30-5-10]

D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the State regarding reliance, the hoping west with the state of the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper framework revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution

Type of Account

AUG 2 5A2466 Number

PETER BENJAMIN

LAKE COUNTY AUDITOR

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of \_\_\_\_\_\_\_ County, State of Indiana.

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-32647 HOLD FOR FIRST AMERICAN TITLE

| (BANKING INSTITUTION)  | (BRANCH) (CITY)   |
|--|---|
| I give my attorney in fact power to enter or have access to that b   | ox and to any other safe deposit box in my name either individually or jointly with any other<br>i property to it, and to relocate such box within the banking institution or at another. Power   |
|  | OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: (in case   |
| b. This Power of Attorney terminates on September  | 30, 2000 at 12:00 midnight  |
| c. This Power of Attorney terminates upon my incapacity or   |   |
| at, whichever first occurs.  | (DATE)  |
| H. REVOCATION OF PRIOR POWERS. I do/do not journe one  | revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation  |
| I. GUARDIANS. If protective proceedings for my person or for my person, and Steven G. Slater  J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attall become my attorney in fact when the person(s) first designs.  | my estate, or for both, are commenced, I nominate Steven G.  Slater as guardian of my estate, to serve in each case without bond as may be permitted by law torney in fact I designate and name.  Such successorted and named has/have failed or ceased to serve as specified in the Statute, or has/have |
| By giving me written notice while I am not incapacitated, my attect shall continue to serve until a successor attorney in fact is autitorney as such successor or selected by a court of competent juri  | orney in fact may resign or decline to serve. During a period of my incapacity, my attorney is orized to act under this Power of Attorney, whether designated and named in this Power of isdiction to be such successor.  |
| K. BINDING EFFECT. Any act or thing performed by my attornovides.  | ey in fact under this Power of Attorney binds me and my successors in interest, as the Statut   |
| Signed this day of   | + Cmy K States  |
|  | Amy K. Slater PRINCIPALS'S SIGNATURE  |
|  | PRINCIPAL'S SOCIAL SECURITY NUMBER  329 Curtis Brook Road   |
|  | PRINCIPAL'S STREET OR OTHER ADDRESS  Rutland, Vermont 05701  PRINCIPAL'S CITY, STATE AND ZIP CODE   |
| NEKKLANT<br>TATE OF INDIANA, COUNTY OF REPLAND   | SEAL WALLES   |
| Before me, the undersigned, a Notary Public in and for said Co   | unty and State, this 19 Mu Gust 2000  |
| ie execution of it, as the voluntary act and deed of the principal, IN WITNESS WHEREOF, I have hereunto set my hand and office JAMES J. HUMBERT  |   |
| Notary Public, Vermont  My Commission Expires February 10, 20  | 03 NOTARY UP AC'S SIGNATURE   |
| y Commission Expires:  | NOTARY PUBLIC'S NAME, PRINTED OR TYPED  Resident of Rulland County  |
| A Activities and the said and t |   |

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