00 CD CD

I, Susan Sukup, of Lake County, Indiana, appoint my son, John E. Sukup, Jr., to act or my behalf as my Attorney-in-Fact under this General Financial Power of Attorney ("Power").

My Attorney-in-Fact shall have authority to acquire, sell, exchange, insure, invest, manage, operate or otherwise deal with any assets owned by me either individually or jointly with others in keeping with all general authority given under Indiana Code Sections 30-5-5-2 through 30-5-5-8, Sections 30-5-5-10 through 30-5-5-15 and Sections 30-5-5-18 and 19 ("Authority"). This Authority shall include all powers with respect to transactions involving each of the following: real property (real estate); tangible personal property; bonds, shares and commodities; banking (including access to and authority to remove items from any safe deposit box I may be authorized to enter); business operations; insurance; beneficiaries; fiduciaries (including the authority to designate an appropriate guardian or conservator for me); claims and litigation; family maintenance; any benefits for military service; records, reports and statements; estates; delegating authority (including delegation in writing of any or all powers given hereunder to one or more other persons); and all other matters and affairs affecting assets owned by me that can be performed by an Attorney-in-Fact.

My Attorney-in-Fact shall be authorized to: execute on my behalf any specific power of attorney required by the Internal Revenue Service or any other taxing authority to allow my Attorney-in-Fact to act as my agent (or to appoint others to act as my agent) before that taxing authority with respect to any tax return; represent me with respect to Social Security Administration claims and entitlements; handle Medicare/Medicaid claims and qualified transfers (including any and all transactions deemed necessary to qualify me for appropriate programs of state and federal assistance); create and/or amend a trust revocable by me for my support in a manner consistent with prudent estate planning and tax savings objectives, and transfer assets to (and withdraw assets from) that trust or any other trust I may have created; disclaim assets; and deal with any retirement plans in which I have an interest including but not limited to electing payout options, borrowing money on my behalf from such plans and altering beneficiary designations in a manner consistent with my estate planning objectives.

My Attorney-in-Fact shall keep complete records of all transactions entered into on my behalf and use due care when acting under the terms of this Power. However, my Attorney-in-Fact shall not 2002 be personally liable for action or inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction on my behalf unless my Attorney-in-Fact action of inaction of inaction on my behalf unless my Attorney-in-Fact action of inaction of inaction of inaction of inaction on my behalf unless my Attorney-in-Fact action of inaction o

COMMUNITY TITLE COMPANY FILE NO <u>Labsa</u>

cr

This Power shall be durable and unaffected either by lapse of time or my subsequent disability or incapacity. It shall, however, terminate at my death. I specifically have excluded giving my Attorney-in-Fact any health care powers provided under Indiana Code Sections 30-5-5-16 and 17 as I have made arrangements under a separate document for my health care.

Signed to be effective May 19, 2000

Margaret Etheredge Witness Judanski

Justin Dury

STATE OF INDIANA

St. JOSEPH COUNTY

Document is SOT OFFICIAL!

Before me, a notary public for this county and state, personally appeared Susan Sukup, of adult age, who acknowledged the execution of this General Financial Power of Attorney and affirmed the truth of the statements contained herein this May 13, 2000.

Marily Nowick Notary Public Residing in St. Scsept County My commission expires: 11/21/07



This instrument was prepared by David R. Kibbe, Roemer & Mintz, LLP, KeyBank Building, Suite 200, Post Office Box 4757, South Bend, Indiana 46634-4757