STATE OF INDIAN LAKE COUNTY

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

POWER OF ATTORNEY

RECORDER

8087403

MARSL

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 power bere listed and confers general authority with respect to them:

real property transactions;	[IC 30-5-5-2] fiduciary transactions:		
tangible personal property trans	actions: [IC 30-5-5-10]		
bond, share, and commodity train	neactions: IIC 20 5 5 41		
banking transactions:	[IC 30 5 5 5] hard Charles and the little of the charles and the charles are c	1. 1.	
business operating transactions;	[IC 30-5-5-5] benefits from military service; [IC 30-5-5-13] % [IC 30-5-5-6] errecords, reports, and statements: [IC 30.5-5-13] %	. M. M	٠
insurance transactions;	10001ds, reports, and statements:		
beneficiary transactions;	[IC 30-5-5-7] estate transactions; [IC 30-5-5-15] [IC 30-5-5-19]		
gift transactions;	[IC 30-5-5-19] all other matters. [IC 30-5-5-19]		
S I misdettono,	[IC 30-5-5-9]		

[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 the Power of Attorney, as fully as I of Attorney, as fully as I

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

B. RESERVATION OF POWER TO ACT AND TO REVEAL AND TO REVEAL

Attorney and acts performed under it:
Definitions [IC 30-5-2]
General Provisions [IC 30-5-3]

Recorder of

Duties [IC 30-5-6]

LAKE

Liabilities [IC 30-5-9]

LAKE COUNTY AUDITOR 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 Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be

Citizens Federal	Type of Account	Account Number / 2 3 18 42 / . C
Punchasen of My home.	606 W. N. ST CHUNPT.	1-023 -00 -04/7/1
Edward Jones, Inc	Brokennesa Funds	SUN. Financial
Sat Fed Cardit Union		0000 20 2620
All other persons to whom this Power of Atte executed a proper instrument revoking or changing it at Recorder of	orney may be delivered may rely on its b	eing in effect unless I shall have be recorded, in the Office of the

County, State of Indiana.

000089

F. SAFE DEPOSIT BOX. I have a safe deposit b	ox, Number	N/A	
(Banking Institution)	(Branch)	(City)	
give my attorney in fact power to enter or have accountly with any other person. I give the power all within the banking institution or at another. Powereference. G. DURATION OF POWER OF ATTORNEY. L. INAPPLICABLE PROVISIONS: [in case of institution or an another in the power of the power	wers here given are in a	ddition to those incorporated in OF THE FOLLOWING PROV	to this Power of Attorney
a. This Power of Attorney is not terminated	by my incapacity.		
b. This Power of Automey terminates on		, at	(77)
	(Date)	at	(Time)
c. This Power of Attorney terminates upon the control of the contr	o/do not [strike one] rev	(Date) voke all powers of attorney I signed under a prior power of attorney or for both are commenced	. I nominate
as guard	lian of my person, and	Rebeccu J.	S FARE as guardian o
restate to come in each case without bond as may	be permitted by law.		
J. SUCCESSOR ATTORNEY IN FACT. A		ttorney in fact I designate and	t when the person(s) fir
esignated and named has/have failed or ceased to see By giving me written notice while I am not incap y incapacity, my attorney in fact shall continue to the torney, whether designated and named in this Power be such successor. K. BINDING EFFECT. Any act or thing per second	erve as specified in the coacitated, my attorney is serve until a successower of Attorney as such	n fact may resign or decline to r attorney in fact is authorized successor or selected by a cour	serve. During a period of to act under this Power of t of competent jurisdiction
ccessors in interest, as the Statute provides. L. ADDITIONAL COVENANTS.			
	A Property of the Property of		
Signed this day of day	rech 200	2013 , in	counterparts, each
to changes have been made to this Allen County by by by and clearly marked.	Indiana Bar Association	on form except as noted in the	additional covenants of
Counterpart No.	WOIANA HILL	309-01-	8622
meela m. marsh		PRINCIPAL'S SOCIAL SEC	
PRINCIPAL'S SIGNATURE	Suite 16	Chown Point,	
PRINCIPAL'S STREET OR OTHER ADD		PRINCIPAL'S CITY, STA	TE AND ZIP CODE
	AKE	SS:	
7 11 to 1	and for said County and	State, this	lay of MARCL
personally appeared the principal representation that the voluntary act and deed of the principal, for the	named above, signed under the uses and purposes the	erein stated.	e e
IN WITNESS WHEREOF, I have hereunto set n	ny hand and official sea	I the day and year last above wind nature Panela K. I	hitten.
viy Commission expires:	Sig	nature Yank S. T.	Notary Pub.
Resident of Lake		nted Panela L. Bod	A 44
This instrument prepared by RICHARD	•		, Attorney at L
Attorney Number 9106- © COPYRIGHT, T	- 45 THE ALLEN COUNTY	INDIANA BAR ASSOCIATIO	ON, INC. (REV. 12/98, 4/

EXHIBIT A

Lot 3 Block 1, Sunset View Addition to the City of Crown Point as marked and laid down on the recorded plat thereof recorded in Plat Book 24 page 38.

