

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 059143

2003 JUN 11 PM 3:19

MORRIS W. DARNER
RECORDER

DURABLE POWER OF ATTORNEY

I, **KENNETH E. BRECHNER**, being at least 18 years of age and mentally competent, do hereby designate and appoint **Larry A. Brechner** my true and lawful attorneys-in-fact, hereafter referred to as my Agent.

If **Larry A. Brechner** is unable or unwilling to act as agent then **Carol Lynn Brechner** shall act with all rights and responsibilities given to the original agent. My agent(s) shall act without bond.

I. POWERS

I give to my Agent the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Ind. Code §30-5-5. The powers given herein shall be considered limited so that my Agent shall not have any power which would cause my Agent to be treated as the owner of any interest in my property and which would cause that property to be taxed as owned by the Agent, it being my intention not to grant any beneficial interests in my estate by this instrument.

Real Property. Authority with respect to real property transactions pursuant to Ind. Code §30-5-5-2.

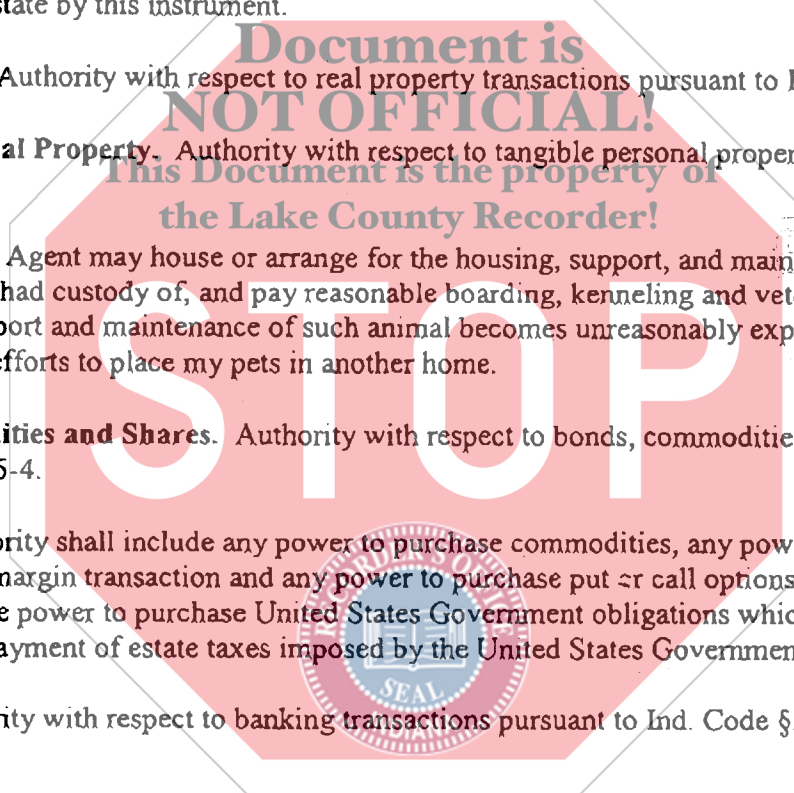
Tangible Personal Property. Authority with respect to tangible personal property pursuant to Ind. Code §30-5-5-3.

Pets. My Agent may house or arrange for the housing, support, and maintenance of any pets that I owned or had custody of, and pay reasonable boarding, kenneling and veterinary fees for such pets. If the support and maintenance of such animal becomes unreasonably expensive, my Agent shall make all efforts to place my pets in another home.

Bonds, Commodities and Shares. Authority with respect to bonds, commodities and shares pursuant to Ind. Code §30-5-5-4.

This authority shall include any power to purchase commodities, any power to sell short or to initiate a margin transaction and any power to purchase put or call options. This authority shall include the power to purchase United States Government obligations which are redeemable at par value in payment of estate taxes imposed by the United States Government.

Banking. Authority with respect to banking transactions pursuant to Ind. Code §30-5-5-5.



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Business. Authority with respect to business operating transactions pursuant to Ind. Code §30-5-5-6.

Insurance. Authority with respect to insurance transactions pursuant to Ind. Code §30-5-5-7 providing that references in Ind. Code §30-5-5-7(a)(2) and (3) to "Section 8" shall refer to "Section 9."

This authority shall include the right to change, directly or indirectly, the beneficiary of any policy insuring my life to any natural person.

This authority shall include full power to apply for and otherwise deal with medicare and medicaid benefits, or any similar public or private assistance or programs.

Beneficiary. Authority with respect to beneficiary transactions pursuant to Ind. Code §30-5-5-8.

Gifts. Authority with respect to gift transactions pursuant to Ind. Code §30-5-5-9; My Agent is more specifically authorized to make gifts to beneficiaries of my Trust, Will or any other Beneficiary Designation (hereinafter referred to as "Estate Plan".) In determining whether or not to make such gifts, my Agent should consider the effect of gifting on resources available and necessary to meet my own needs, any pattern of giving established by me, my ability to continue making such gift or gifts, and my continued health and well being. My Agent shall not be deemed to have breached any fiduciary duty to me by reason of gifts made or withheld in good faith.

Gifts are authorized as follows:

My Agent may make gifts, including special occasion gifts, in amounts below the annual federal gift tax exclusion if they are deemed to be in my best interest or the best interests of the beneficiaries of my Estate Plan. These gifts may be made to my estate plan beneficiaries, family members, or charities, in equal or unequal amounts, that reflect my past giving or starts a new gifting pattern that reflects my relationship with such individuals and charities.

My Agent may also make gifts in order to assure the continuation of any gifting program initiated prior to the time I became incapacitated or to satisfy pledges I have previously made to organizations. These gifts may be made outright or in trust (revocable or irrevocable, whether created by me at any time, or created by my Agent using this power of attorney), or in any other manner as my Agent deems appropriate, in its sole and absolute discretion, including but not limited to the creation of tenancy in common or joint tenancy interests, the establishment of charitable or non-charitable split interest trusts or any other irrevocable trusts.

My Agent is specifically authorized to establish such interests or trusts in order to facilitate the implementation of such gifts.

If my Agent determines that gifts in amounts in excess of the annual federal gift tax exclusion are in my best interest or the best interests of the beneficiaries of my Estate Plan, my Agent shall appoint a Special Independent Agent unrelated by blood or marriage to any Fiduciary of my Estate Plan to review the facts and circumstances and to decide whether such gifts should be made. I prefer, but do not require, that my Agent select an independent Certified Public Accountant, Attorney, Financial Consultant or corporate fiduciary to serve as Special Independent Agent under such circumstances.

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I acknowledge the inherent conflict of interest when an Agent who is under a fiduciary duty of loyalty to me, makes gifts to himself/herself. I hereby waive any conflict of interest resulting from these types of gifts since my Agent is also a part of my estate plan and any gifts made by my Agent to my Agent would only further my estate planning goals.

My Agent may make transfers to my estate plan beneficiaries that would not be prohibited by applicable law or regulation for the purposes of qualifying me for medical assistance (Medicaid), or other similar public or private assistance. This power shall only apply should I require, or reasonably be expected to require, the type of services and benefits available under such programs. This paragraph shall not be construed to prohibit transfers which would cause there to be a waiting period or disqualification, if in my Agent's judgment, incurring the waiting period or disqualification is in the my best interest or that of my estate.

My Agent is authorized to consent to the splitting of gifts under Section 2513 of the Internal Revenue Code and any successor sections thereto and/or similar provisions of any state or local gift tax laws.

My Agent may also make gifts of trust property under this Section to or for the benefit of a donee by establishing and contributing trust property to corporations, family limited partnerships, limited liability partnerships or limited liability companies, and subsequently making gifts of interests in those entity or entities.

My Agent may perform any other acts my Agent considers necessary or desirable to complete a gift on my behalf in accordance with the provisions of this Section.

In making gifts on my behalf, I direct that my Agent, to the extent reasonably possible, avoid disrupting the dispositive provisions of my Estate Plan.

Fiduciary. Authority with respect to fiduciary transactions pursuant to Ind. Code §30-5-5-10.

Claims and Litigation. Authority with respect to claims and litigation pursuant to Ind. Code §30-5-5-11.

Family Maintenance. Authority with respect to family maintenance pursuant to Ind. Code §30-5-5-12. My Agent is more specifically authorized, but not limited to:

Hire a case manager and caregivers, as needed, in order to ensure that a proper care plan is created and followed. Any person creating a care plan for my benefit shall consult with my spouse and children (if any are reasonably available) prior to implementation of the plan;

Pay for my medical care as directed by my health care agent under my Health Care Power of Attorney, for which payments my Agent shall be released from any and all liability, and pay individuals who provide the necessary medical, dental, surgical care, hospitalization and custodial care;

Pay for expenses authorized by my Health Care Power of Attorney to fix my residence in whatever location that is most suited to my situation and is the least restrictive alternative. Examples of appropriate locations may include my home, an assisted living facility, residential care facility, or a skilled nursing facility;

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Provide in connection with my care, and in accordance with my established beliefs and customary activities, for the presence and involvement with clergy, religious lay persons, or other persons to attend to my spiritual needs and permit them to access me, maintain or arrange for my membership in religious organizations, and permit my access to their activities and publications, including books, tapes and similar materials;

Service Benefits. Authority with respect to benefits from military service pursuant to Ind. Code §30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Veterans Administration.

Records, Reports, and Statements. Authority with respect to records, reports, and statements pursuant to Ind. Code §30-5-5-14; including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my Agent to act on my behalf before that taxing authority on any return or issue.

Estate Transactions. Authority with respect to estate transactions pursuant to Ind. Code §30-5-5-15. This includes the authority for my Agent to Amend a Trust of Which I am a Trustmaker as follows:

Other than a power that would constitute a general power of appointment under Section 2041 of the Internal Revenue Code of 1986, as amended, my Agent has the power to amend, revoke and/or exercise any and all other powers that I could exercise under the terms of any trust of which I am a Trustmaker, to comply with current laws and regulations to reduce or eliminate all types of taxes or to qualify me or a beneficiary for government assistance by any Federal or State (or any political subdivision thereof) program. My Agent may not eliminate a beneficiary or adjust the amount of a beneficiary's share unless a disability is involved and the trust property shall revert back to the original beneficiary's heirs upon the death of the disabled beneficiary being favored by such amendment.

This Document is the property of
the Lake County Recorder!

Authority to do planning and transfers on my behalf to protect and preserve my estate from the burdens of long term health care and structure my assets in such a way that I may qualify to receive benefits from governmental programs, including, but not limited to:

Make gifts of any or all of my assets as provided above;

Purchase assets that are exempt or not counted in determining qualification under the resource test;

Transfer assets so that the assets are not subject to claims or liens of creditors, and

Create, revoke or amend any trust to qualify for these benefits or to protect my assets from claims or liens of creditors if laws, regulations, rules or administrative interpretations change.

Disclaim. Authority to disclaim any power or discretion that is considered unwanted and to disclaim gifts, inheritance, or other transfers even if my Agent benefits by making the disclaimer on my behalf.

Delegate. Authority with respect to delegating authority pursuant to Ind. Code §30-5-5-18.

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Retirement Plan Powers. Authority with respect to the power to establish one or more "individual retirement accounts" or other retirement plans or arrangements in my name.

In connection with any pension, profit sharing or stock bonus plan, individual retirement arrangement, Roth IRA, § 403(b) annuity or account, § 457 plan, or any other retirement plan, arrangement or annuity in which I am a participant or of which I am a beneficiary (whether established by my Agent or otherwise) (each of which is hereinafter referred to as "such Plan"), my Agent shall have the following powers, in addition to all other applicable powers granted by this instrument:

To make contributions (including "rollover" contributions) or cause contributions to be made to such Plan with my funds or otherwise on my behalf.

To receive and endorse checks or other distributions to me from such Plan, or to arrange for the direct deposit of the same in any account in my name or in the name of my revocable living trust.

To elect a form of payment of benefits from such Plan, to withdraw benefits from such Plan, to make contributions to such Plan and to make, exercise, waive or consent to any and all elections and/or options that I may have regarding contributions to, investments or administration of, distribution from, or form of benefits under, such Plan.

To have the right to transfer the Account (or, if the Account has been divided, such Beneficiary's share of the Account) to a different Individual Retirement Account, Individual Retirement Trust, or Individual Retirement Annuity, still in my name with the same or a different Administrator, if such transfer is permitted by law.

To designate one or more beneficiaries or contingent beneficiaries for any benefits payable under such Plan on account of my death, and to change any such prior designation of beneficiary made by me or by my Agent, subject to the following limitation: my Agent shall have no power to designate my Agent directly or indirectly as a beneficiary or contingent beneficiary to receive a greater share or proportion of any such benefits than my Agent would have otherwise received, unless such change is consented to by all other beneficiaries who would have received the benefits but for the proposed change. The preceding limitation shall not apply to any designation of my Agent as beneficiary in a fiduciary capacity, with no beneficial interest.

Social Security Benefits. My Agent is appointed as my Representative Payee for the purposes of receiving Social Security benefits. My Agent shall have the full power to represent me and deal in all ways necessary concerning rights and/or benefits payable to me by any governmental agency including, without limitation, Supplemental Social Security Income (SSSI), Medicaid and Social Security Disability Income (SSDI).

U.S. Postal Service. My Agent may open, read, respond to and redirect my mail, and may represent me before the U.S. Postal Service and all other mail or package carriers in all matters relating to mail or delivery services including, without limitation, the receipt of certified mail.

All Other Matters. Authority with respect to all other matters pursuant to Ind. Code §30-5-5-19.

II. GUARDIAN

If it becomes necessary to secure the appointment of a guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate probate court to appoint **Larry A. Brechner** as my guardian or as the person to act on my behalf.

III. FEES

My Agent shall be entitled to reasonable compensation for the services rendered in the execution of any of the powers conferred by me in this Power. The factors that should be taken into account in determining the amount of compensation shall be the time expended by Agent, the value of the property over which Agent exercises control and management, and the complexity of the transaction entered into by Agent in functioning under this Power. Agent may make the payment of such amount from my assets every year, and shall keep records that include the amount of time spent in performing the services, a description of the services performed, and the amount of compensation paid to himself or herself for each such time period.

IV. LIABILITY AND INDEMNITY

My Agent shall only be liable for actions undertaken in bad faith; provided, however, my Agent shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my Agent shall do by virtue hereof. 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 Agent in reliance upon this Power, without actual knowledge of its revocation.

V. EFFECTIVE DATE AND INCAPACITY

This power of attorney shall be effective as of the date it is signed. My disability or incompetence shall not affect or terminate this Power of Attorney. This power of attorney shall terminate upon the execution and recordation with the Recorder's Office of the County of my domicile a written revocation thereof.

VI. SEVERABILITY

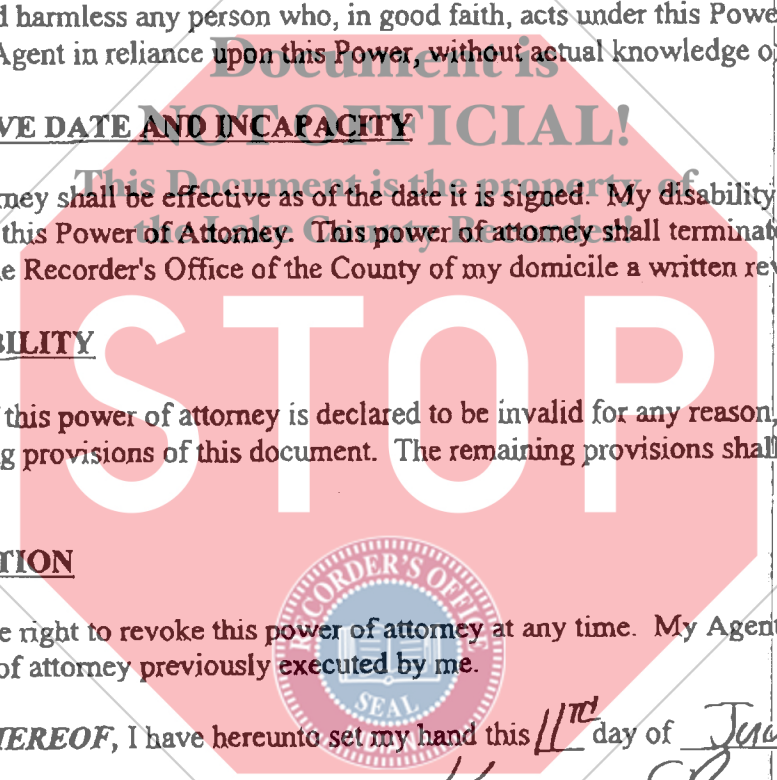
If any provision of this power of attorney is declared to be invalid for any reason, such invalidity shall not affect the remaining provisions of this document. The remaining provisions shall remain in full force and effect.

VII. REVOCATION

I hereby reserve the right to revoke this power of attorney at any time. My Agent shall have the power to revoke all powers of attorney previously executed by me.

IN WITNESS WHEREOF, I have hereunto set my hand this 11th day of July, 2002.

Kenneth E Brechner
KENNETH E. BRECHNER
Soc. Sec. No.: 311-08-6947
POA



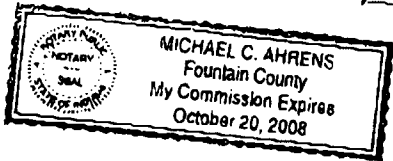
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STATE OF INDIANA

COUNTY OF LAKE

Before me, the undersigned, a Notary Public for LAKE County, personally appeared KENNETH E. BRECHNER who acknowledged the execution of the above and foregoing Durable Power of Attorney.

Witness my hand and notarial seal this 11th day of July, 2002.



Michael C. Ahrens, Notary Public
My commission

This instrument prepared by:

Lani A. George, JD, CPA, 2007 N. Stierley Road, Wadesville, IN 47638
(812) 985-7497



DURABLE POWER OF ATTORNEY

This date 1/6/, 2000

I, KENNETH E BRECHNER, of the City/Town of HIGHLAND

County of LAKE, State of Indiana, hereby appoint LARRY A BRECHNER

of the City/Town of HIGHLAND, County of LAKE, State of Indiana, as my true and lawful Attorney, for me and in my place and stead, with full power of substitution.

My true and lawful Attorney shall have the power to:

1. make, indorse, draw and accept promissory notes, checks, bills of exchange, drafts or other negotiable instruments; and to enter any lock box I may have in any banking institution;
2. exercise such rights, voting or otherwise, as I may have in any corporation, by virtue of my ownership of any stock, bonds, or securities therein, either absolutely or collateral;
3. receive, demand, sue for and recover all property—real or personal, claims, debts, moneys, accounts, legacies, demands, dividends, annuities, proceeds of insurance, recoveries—that are now due or may hereafter become due;
4. adjust, compromise, and execute releases, therefore, as my attorney shall deem fit;
5. to make, execute, and deliver any deed, mortgage or lease in respect of any of my lands and buildings, or any part thereof;
6. to buy, sell, trade, mortgage, hypothecate, and deal in personal property of any kind or nature;
7. to execute, file, examine, and request copies of any and all tax returns required by the United State or any political subdivision thereof, whether filed by me, or jointly with others;
8. to transact any and all business for me and to do such other acts as may be necessary or desirable to be done to save, protect or promote my business or property, and with the same force and effect as if I were personally present.

Furthermore, this Power of Attorney shall not be affected by subsequent disability, or incapacity, or by lapse of time, and shall continue in effect until revoked by me in writing.

And I do hereby ratify and confirm all that my said Attorney, or his substitute, shall do or cause to be done by virtue of this power of attorney.

State of Indiana, County of LAKE

Kenneth E Brechner
Signature

Before me, the undersigned, a Notary Public in and for said County this date JANUARY 25, 2000 came, KENNETH E BRECHNER, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My commission expires 03-31-2001

Parvata Kovera
Signature

, Notary Public

PARVATA E KOVERA

(Printed)

This instrument prepared by: [Signature] Resident of LAKE County

Form # 152



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