

DURABLE POWER OF ATTORNEY

80199
I, Dorothy M. Kist, of Hammond, Lake County, Indiana, being at least ²⁵eighteen (18) years of age and mentally competent, do hereby designate and appoint ²⁵Mary Pettersen as my true and lawful attorney-in-fact.

I. POWERS I give to my attorney-in-fact 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 attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my estate by this instrument. My attorney in fact shall have the following powers which I have indicated by my initials:

Chicago Title Insurance Company

DK **REAL PROPERTY TRANSACTIONS.** Authority with respect to real property transactions pursuant to Ind. Code 30-5-5-2.

DK **TANGIBLE PERSONAL PROPERTY TRANSACTIONS.** Authority with respect to intangible personal property pursuant to Ind. Code 30-5-5-3.

DK **BANKING TRANSACTIONS.** Authority with respect to banking transactions pursuant to Ind. Code 30-5-5-5.

DK **BUSINESS TRANSACTIONS.** Authority with respect to business operating transactions pursuant to Ind. Code 30-5-5-6.

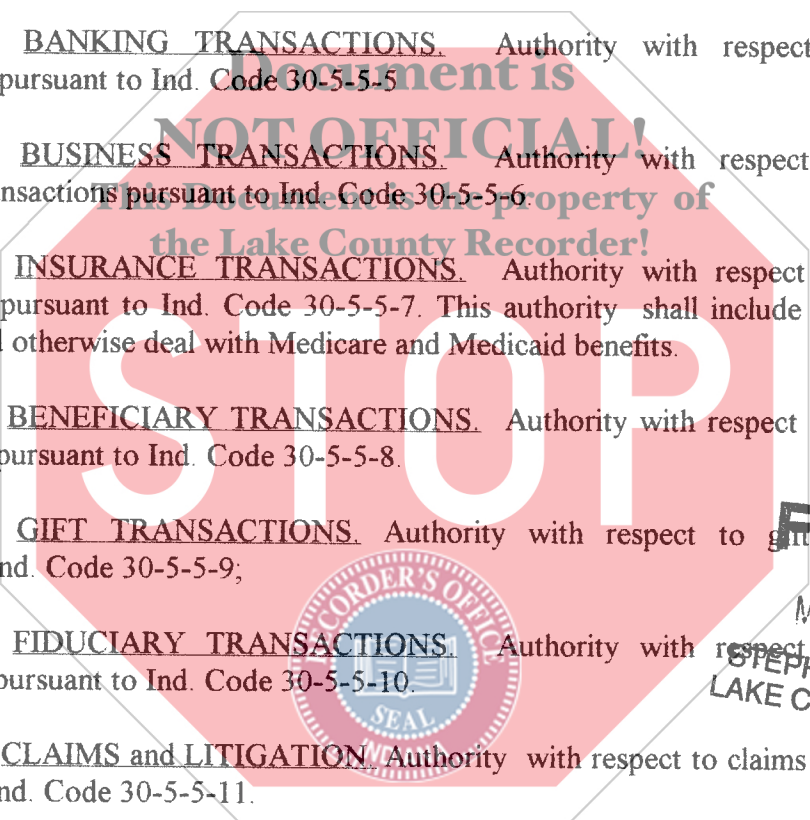
DK **INSURANCE TRANSACTIONS.** Authority with respect to insurance transactions pursuant to Ind. Code 30-5-5-7. This authority shall include full power to apply for and otherwise deal with Medicare and Medicaid benefits.

DK **BENEFICIARY TRANSACTIONS.** Authority with respect to beneficiary transactions pursuant to Ind. Code 30-5-5-8.

DK **GIFT TRANSACTIONS.** Authority with respect to gift transactions pursuant to Ind. Code 30-5-5-9;

DK **FIDUCIARY TRANSACTIONS.** Authority with respect to fiduciary transactions pursuant to Ind. Code 30-5-5-10.

DK **CLAIMS and LITIGATION.** Authority with respect to claims and litigation pursuant to Ind. Code 30-5-5-11.



STATE OF INDIANA
LAKE COUNTY
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STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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B MK FAMILY MAINTENANCE. Authority with respect to family maintenance pursuant to Ind. Code 30-5-5-12.

B MK MILITARY 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 and otherwise deal with matters concerning the Veterans Administration.

B MK 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 attorney-in fact to act on my behalf before that taxing authority on any return or issue.

B MK ESTATE TRANSACTIONS. Authority with respect to estate transactions pursuant to Ind. Code 30-5-5-15.

B MK HEALTH CARE POWER; RELIGIOUS TENENTS. Authority with respect to health care pursuant to Ind. Code 30-5-5-16.

B MK CONSENT TO OR REFUSAL OF HEALTH CARE. Authority to consent to or refuse health care pursuant to I.C. 30-5-5-17.

B MK DELEGATION OF AUTHORITY. Authority with respect to delegation thereof pursuant to I.C. 30-5-5-18.

B MK 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 or my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate probate court to appoint my attorney-in fact named herein as my guardian or as the person to act on my behalf.

III FEES. My attorney-in fact _____ SHALL ^{B MK} _____ _{B MK} SHALL NOT be entitled to a fee for services provided as my attorney-in-fact.

IV. LIABILITY AND INDEMNITY. My attorney-in-fact shall be liable only for actions undertaken in bad faith, provided, however, my attorney-in-fact 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 attorney-in-fact shall do by virtue hereof. Further, a 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 in reliance

on this Power, without actual knowledge of its revocation.

V. EFFECTIVE DATE AND INCAPACITY.

A. This power of attorney shall be effective

8mks of the date it is signed

_____ as of the 6th day of April, 2004.

_____ upon the determination that I am disabled or incapacitated or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence _____ SHALL is mks SHALL NOT affect or terminate this Power of Attorney.

C. This Power of Attorney shall terminate

_____ upon my incapacity

_____ on the _____ day of _____, 2004.

_____ upon the execution and recordation with the Recorder's Office of the County of my domicile a written revocation hereof

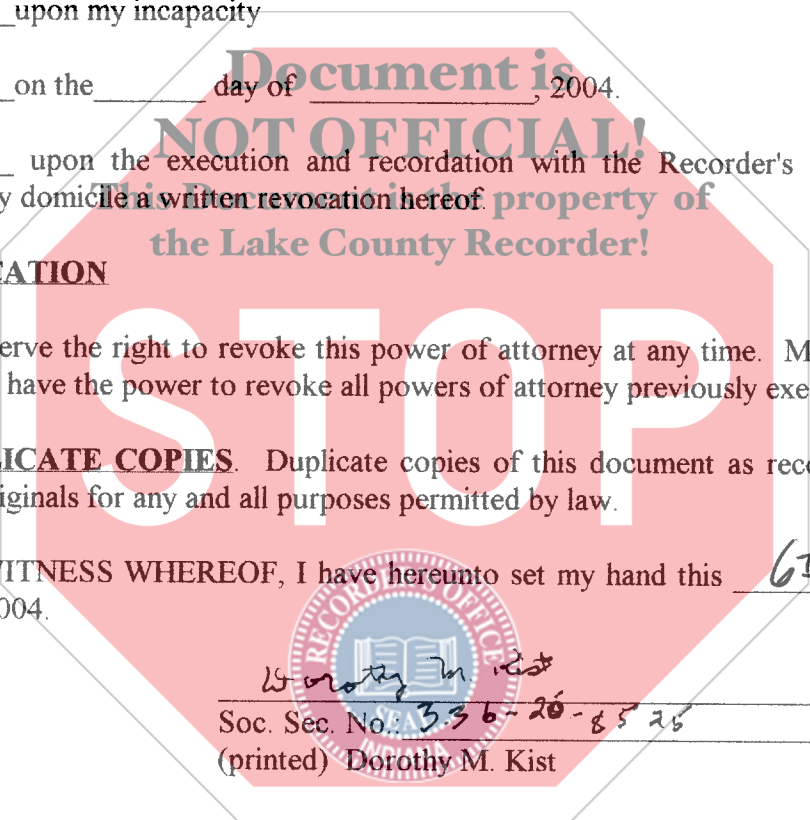
VI. REVOCATION

I hereby reserve the right to revoke this power of attorney at any time. My attorney-in-fact shall not have the power to revoke all powers of attorney previously executed by me.

VII. DUPLICATE COPIES. Duplicate copies of this document as recorded may be utilized as originals for any and all purposes permitted by law.

IN WITNESS WHEREOF, I have hereunto set my hand this 6th day of April, 2004.

Dorothy M. Kist
Soc. Sec. No.: 336-26-8526
(printed) Dorothy M. Kist



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Dorothy M. Kist, and acknowledged the execution of the above and foregoing Power of Attorney. IN WITNESS WHEREOF, I have set my hand and notarial seal this 6th day of April, 2004.

(SEAL)

Signed: Deborah M. Ruzicki
Printed: DEBORAH M. RUZYCKI

Notary Public
Resident of Lake County

My Commission Expires: Feb 29, 2007

After recording return to G. Edward McHie

53 Muench Ct
Hammond, IN 46320

This instrument prepared by Andrea K. Knish, Attorney at Law, Indiana Attorney # 5269-45

