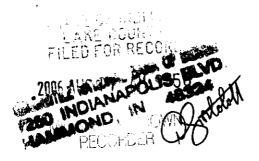
2006 071767



A 205-10 R 205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

of LAKE COUNTY THORAND the undersigned Grantor, do hereby make and grant a general power of attorney to GEORGIA PLANTINGA OF LAKE COUNTY THORAND and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

1001	(A)	Real estate transactions	ELLED
10 81	(B)	Tangible personal property transactions	FILED
10/01	(C)	Bond, share and commodity transactions	AUQ 4 2 2000
ICPI	(D)	Banking transactions	AUG 16 2006
16.101	(E)	Business operating transactions	PEGGY HOLINGA KATONA NO J
l <i>e-y</i>)1	(F)	Insurance transactions	LAKE COUNTY AUDITOR
16,21	(G)	Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)	
[(بوم]	(H)	Claims and litigation	\mathcal{K}

15382

© 1992-2000 E-Z Legal Forms, Inc.

AHAA

This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal

	(T)	in the second se
[C 25]	(I)	Personal relationships and affairs Benefits from military service
[(97]	(J)	Benefits from military service
[0 92]		Records, reports and statements
[22]	(L)	Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the fore-
4		going powers to any person or persons whom my attorney-in-fact/agent shall select
[(D)		Access to safe deposit box(es)
[()	(N)	To authorize medical and surgical procedures (Pennsylvania only)
[ぐ <i>炒</i>]	(O)	All other matters
	Dur	rable Provision:
[CD]	(P)	If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be a cted by the subsequent disability or incompetence of the Grantor.
	Oth	ner Terms:
and perform discretion der TO INDUCE THIRD PARINSTRUME HEREOF SHACTUAL NOT SHALL HAVE FOR MY HEAGREE TO 1	in sai ems a AN' TY NT M IALL OTIC /E B EIRS	ct/agent hereby accepts this appointment subject to its terms and agrees to act id fiduciary capacity consistent with my best interests as he/she in his/her best advisable, and I affirm and ratify all acts so undertaken. Y THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION. BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL CE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION EEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY EMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY
	F SU	ICH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS
Signed	under	r seal this 8 TH day of August , 2005 (year).
Signed in the pr	esence	e of:
to me (or prove the within-instru ity(ies), and tha	LE OS of (of to m intent of by hi	Grantor Grantor Grantor I affirm under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document unless required by law H Jerrathon Costas, personally known e on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to and acknowledged to me that he/she/they executed the same in his/her/their authorized capacis/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the need the instrument.
WITNESS my I	a <u>Þ</u> inar <i>QQ</i> A . Q	REIL 17. 2010 AffiantKnownProduced ID
(Seal)	, ,	Type of ID BANK CUSTOMER -MAR

Affiant ____Known ___Produced ID
Type of ID BANK CUSTOMER - M.N.B.