

6

DURABLE POWER OF ATTORNEY

I, ANNA TUBICH, a resident of Lake County, Indiana, for the purpose of inducing all persons, organizations, corporations and entities, including but not limited to any bank, broker, custodian, insurer, lender, transfer agent, taxing authority, governmental agency, judicial or administrative body, or any other party, to act in accordance with the instructions of my attorney(s)-in-fact or Agent(s) given in this instrument, do hereby designate

my grandson CHRISTIAN G. HESTON, whose address and phone number(s) are 9201 S. Ginn Lane, Columbia, MO 65201, (573) 815-0224,

as my true and lawful attorney-in-fact, or Agent. As the context requires, references in this Power of Attorney to "attorney-in-fact" or "Agent" mean my Agent named above, any person who is substituted as my Agent in a valid amendment to this Power of Attorney, or any person (a "Delegate") who holds validly delegated authority from my Agent under Paragraph (15) below.

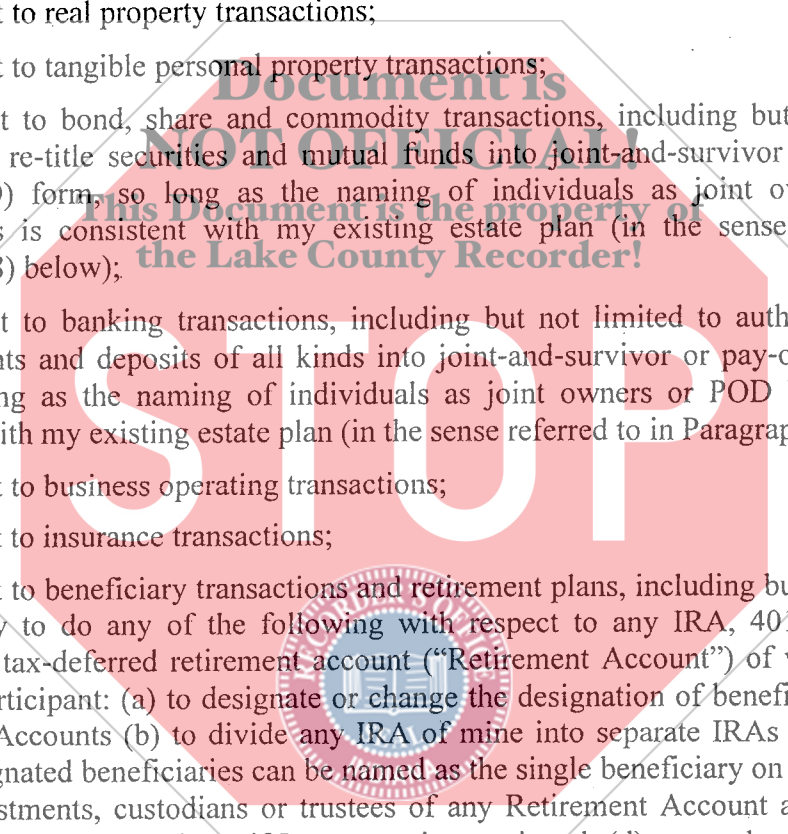
I revoke all powers of attorney previously executed by me.

Effective immediately, I hereby give to and confer upon my Agent the powers and general authority as permitted under Indiana Code §30-5-5-2 *et seq.*, as designated (and in some cases expanded or limited) in the following numbered paragraphs:

- (1) With respect to real property transactions;
- (2) With respect to tangible personal property transactions;
- (3) With respect to bond, share and commodity transactions, including but not limited to authority to re-title securities and mutual funds into joint-and-survivor or transfer-on-death (TOD) form, so long as the naming of individuals as joint owners or TOD beneficiaries is consistent with my existing estate plan (in the sense referred to in Paragraph (8) below);
- (4) With respect to banking transactions, including but not limited to authority to re-title bank accounts and deposits of all kinds into joint-and-survivor or pay-on-death (POD) form, so long as the naming of individuals as joint owners or POD beneficiaries is consistent with my existing estate plan (in the sense referred to in Paragraph (8) below);
- (5) With respect to business operating transactions;
- (6) With respect to insurance transactions;
- (7) With respect to beneficiary transactions and retirement plans, including but not limited to the authority to do any of the following with respect to any IRA, 401(k), or similar qualified or tax-deferred retirement account ("Retirement Account") of which I am the owner or participant: (a) to designate or change the designation of beneficiaries on such Retirement Accounts (b) to divide any IRA of mine into separate IRAs so that each of several designated beneficiaries can be named as the single beneficiary on one IRA; (c) to change investments, custodians or trustees of any Retirement Account at any time if I would have the power to do so if I were not incapacitated; (d) to accelerate distributions from any Retirement Account at any time; and (e) to provide information and instructions to and receive information from the custodian, trustee, or administrator of any Retirement Account.

2007 03 10 43

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORD
COUNTY CLERK



FILED

APR 13 2007

004920

7:20 P.M.
4/11/07

BY HOLINGA KATON
LAKE COUNTY AUDITOR

- (8) With respect to gift transactions, **and I further intend and direct** that so long as gifts made by my Agent in any given calendar year and cumulatively over time under this Paragraph are made in proportions consistent with the shares of my estate that would pass to the donee(s) under (i) my Last Will or revocable trust as such document exists at the time of such gifts, or, no such document exists, (ii) the applicable state laws of intestate succession, my Agent's power to make gifts to my Agent or my other heirs or beneficiaries shall not be subject to the annual per-donee dollar limitation stated in I.C. §30-5-5-9(a)(2);
- (9) With respect to fiduciary transactions, including but not limited to the power to exercise the distribution authority that I have as the trustee of any trust, as the personal representative of an estate, or as the guardian of the property of a protected adult person, by making distributions to (or re-titling trust or estate or guardianship property in the name of) a custodial trustee selected and appointed by my Agent under I.C. 30-2-8.6, after obtaining any necessary court approval;
- (10) With respect to claims and litigation;
- (11) With respect to family maintenance, including but not limited to authority to arrange for and to use my assets to pay for in-home nursing care or other necessary services for me or for any of my dependents;
- (12) With respect to benefits from military service;
- (13) With respect to records, reports and statements, including power to execute and file tax returns and to represent me in any proceedings involving taxing authorities for each and every taxable year and type of tax, and to perform any specific acts allowed under Internal Revenue Service Forms 2848 or 8821 and to execute such forms on my behalf;
- (14) With respect to estate transactions, including but not limited to the following powers:
- (a) The power to amend, restate, or revoke any revocable trust previously created by me as the settlor or grantor;
 - (b) The power to exercise any withdrawal power or other right I may have as the settlor, grantor, or beneficiary of any trust; and
 - (c) If I have not previously created a revocable trust, the power to execute a Revocable Trust Agreement with myself as the settlor and with a Trustee or Trustee(s) selected by my Agent, which Revocable Trust shall require that all income (and if the income is insufficient, principal) be paid to me or applied for my benefit in such amounts as are requested by me or my Agent or determined by the Trustee(s), and which Trust shall further provide that promptly after my death all remaining income and principal shall be paid out as directed in the Trust Agreement, *provided* that the identities and respective interests of the remainder beneficiaries of such Revocable Trust are consistent with the pattern in my Last Will (or, if I have no Will, with the applicable intestate succession statutes) as it exists at the time my Agent creates such Revocable Trust;
- (15) With respect to delegating authority, **and I further intend and direct** that if any Agent named on Page 1 of this Power of Attorney delegates authority to another person ("Delegate") and later dies or resigns without having revoked that delegation of authority,

the Delegate has full power to continue to exercise all the delegated authority notwithstanding the death or resignation of my Agent and continuing until this Power of Attorney is terminated by revocation or by my death as provided by law;

- (16) With respect to contracting with any institution for the maintenance of a safe deposit box in my name; to have access to all safe deposit boxes in my name or with respect to which I am an authorized signatory, whether or not the contract for such safe deposit box was executed by me (either alone or jointly with others) or by my Agent in my name; to add to and remove from the contents of any such safe deposit box and to terminate any and all contracts for such boxes;
- (17) With respect to all matters of health care and health care powers;
- (18) With regard to opening, reading, responding to and redirecting my mail; to represent me before the U.S. Postal Service in all matters relating to mail service; to establish, cancel, continue or initiate my membership in organizations and associations of all kinds, to take and give or deny custody of all of my important documents, including but not limited to my will, codicils, trust agreements, deeds, leases, life insurance policies, contracts and securities and to disclose or refuse to disclose such documents; to obtain and release or deny information or records of all kinds relating to me, any interest of mine or to any person for whom I am responsible;
- (19) With respect to all other matters and acts that an attorney-in-fact may perform for a principal under applicable Indiana law, but without expanding any of the authority that I have specifically restricted in any of the foregoing numbered Paragraphs.

I have attached to this Power of Attorney my written Appointment of Health Care Representative, which shall control Paragraph (17). I confirm that my Agent named on Page 1 is my "personal representative" for purposes of the HIPAA Privacy Rule and is authorized to have access to my personal health information (PHI) and to sign, on my behalf, authorizations for the release or disclosure of my PHI and medical records to other persons, either with or without restrictions on further disclosure, as determined by my Agent in his or her discretion.

This power shall not hereafter be affected by my later disability, incapacity, or incompetence, or by lapse of time, and my Agent's powers and authority shall continue for the full duration of my disability, incapacity, or incompetence. **Although I have made this Power of Attorney effective immediately, I reserve the right to act personally and on my own behalf with respect to every area of authority that is granted to my Agent under this Power of Attorney.** I acknowledge that every third party who deals with me and who has no actual knowledge of the existence and contents of this Power of Attorney may presume that I am bound by all actions that I personally take on my own behalf. Conversely, a third party who has knowledge of the existence and contents of this Power of Attorney may refuse to deal with me directly until my Agent named in this Power of Attorney has provided written confirmation to that third party that I am not incapacitated or otherwise under a legal disability. I expect and intend that such third parties, upon receipt of such written confirmation from my Agent, will continue to deal directly with me and follow my instructions.

Third parties may rely upon copies of this Power of Attorney and upon statements of my Agent with respect to the intended scope of this Power. I intend that my Agent be capable of

doing all things which I could do myself within the scope of the numbered Paragraphs above, and I hereby ratify and confirm all that my Agent does by virtue of this Power of Attorney.

My Agent is not entitled to compensation for services rendered in that capacity. However, my Agent is entitled to reimburse himself, out of my property, for all reasonable expenses actually and necessarily incurred by him in managing or protecting my property or in acting for me under this Power of Attorney.

I acknowledge that this Power of Attorney is extremely broad and confers an extensive amount of authority and discretion upon my Agent, particularly with respect to the making of gifts and other asset transfers for my estate planning and in order to plan for my long-term care. As stated above in Paragraphs and as limited by those Paragraphs, my Agent has broad authority to make and deliver gifts at any time of my property to specified persons, either directly or through delegation of authority to a Delegate. If my Agent is one of the permitted donees, he or she may be the recipient of such gifts without restriction or limitation of the yearly aggregate value of such gifts, except as specifically limited in Paragraphs (8), (14), and (15). In executing this Power of Attorney, it is my firm intention and sincere desire that my Agent(s) (and, if applicable, any Delegate) be allowed to act freely on my behalf and to accomplish the purposes stated or implied in this Power of Attorney, without objection, interference, or delay caused by third parties with whom my Agent or Delegate is attempting to transact business. Whenever my Agent exercises his authority to re-title any of my property or to make gifts of my property, I expect my Agent to comply with the restrictions stated in Paragraphs (8), (14), and (15) and to be always mindful of his duties as a fiduciary. So long as my Agent acts in accordance with the restrictions or limitations stated in this Power of Attorney, and in the absence of evidence of actual misconduct by my Agent, no legal presumption should be entertained that my Agent is acting fraudulently or is exerting undue influence over me.

My Agent may seek, on my behalf and at my expense:

- (i) A declaratory judgment from any court of competent jurisdiction interpreting the validity of any or all acts authorized by this instrument, but such declaratory judgment is not necessary in order for my Agent to perform any act authorized by this instrument;
- (ii) A mandatory injunction requiring compliance with my Agent's instructions by any person, organization, corporation or other entity obligated to comply with instructions given by me, regardless of the amount of time that may elapse between my signing of this Power of Attorney and my Agent's issuance of instructions; and
- (iii) Actual and punitive damages against any person, organization, corporation or other entity obligated to comply with instructions given by my Agent and who negligently or willfully fails or refuses to follow such instructions given by my Agent.

All powers under this instrument are governed by the laws of the State of Indiana; must be construed and interpreted under such laws; and apply to all third parties and all my property wherever located, whether such parties or property are inside or outside of the United States. If any power, document or transaction under this instrument is expressly declared invalid for any

reason, then all other powers, documents or transactions will be treated as separate and will be given complete effect.

Under this Power of Attorney, I have reserved the following rights or powers, each of which are exercisable by me in a writing signed by me or at my direction in the presence of a Notary Public, but only so long as I have not been determined to be incapacitated by a licensed physician or by a court of competent jurisdiction under Indiana Code 29-3:

- (1) To amend any provision of this Power of Attorney;
- (2) To remove any Agent named on Page 1 and to appoint a substitute Agent in his or her place; or
- (3) To revoke or nullify any delegation of authority to a Delegate under Paragraph (15) on Pages 2 and 3.

I do not reserve the right to revoke this Power of Attorney in its entirety. However, a court of competent jurisdiction has the power to terminate this Power of Attorney under I.C. §30-5-3-4, but only after actual notice to me and to my Agents named on Page 1 and after an opportunity for a hearing. This Power of Attorney will continue in full force until my Agent has actual notice of my death or until a court order has terminated this Power of Attorney in the manner required by this paragraph.

If this Power of Attorney is recorded, the revocation must be recorded in the Recorder's Office of the county of my domicile. Except as may be required for transactions involving real estate, this Power of Attorney need not be recorded. If my Agent submits an original of this Power of Attorney for recording, he or she may redact or block out my date of birth and Social Security Number on that original.

I realize that this Power of Attorney can make a guardianship unnecessary. However, if a guardianship proceeding is instituted or becomes necessary, I nominate CHRISTIAN G. HESTON as guardian of my person and estate.

IN WITNESS WHEREOF, I have signed this 14th day of February, 2006, three duplicate originals, this being number 3.

Anna Tubich
x *Anna Tubich*

Anna Tubich
S.S.N. [REDACTED]
Date of birth: 7-16-14

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared ANNA TUBICH, who acknowledged the execution of the foregoing Durable Power of Attorney as her voluntary act, and who, having been duly sworn, stated that any representations therein are true.

Witness my hand and Notarial Seal this 14th day of February, 2006.

Clemmer C. Oliver
Notary Public

My Commission Expires:

Clemmer C. Oliver
Name Printed

March 22, 2007

Resident of Lake County

This instrument prepared by Howard R. Cohen, attorney at law.

LOCKE REYNOLDS LLP
201 North Illinois Street, Suite 1000
P. O. Box 44961
Indianapolis, IN 46244-0961
(317) 237-3800

675033_1

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Howard R. Cohen

