

6

**DURABLE POWER OF ATTORNEY
OF
KEITH ALLEN LEVI
GRANTOR
TO
PAMELA HALE
ATTORNEY-IN-FACT**

2007 040048

[Includes all powers will full health consent and is effective upon execution date]

The undersigned hereby nominates, constitutes and appoints the above-captioned said Attorney-In-Fact as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

1. **Banking and Financial Transactions.** (a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts or other evidences of indebtedness payable to or belonging to me, including but not being limited to checks or drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the treasurer or similar official of any State, or any other official bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) To make such endorsements and to sign such documents as may be required in connection with deposit into any such accounts; (c) To sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) To have access to and to remove any or all of my property contained or held in any safety deposit box.

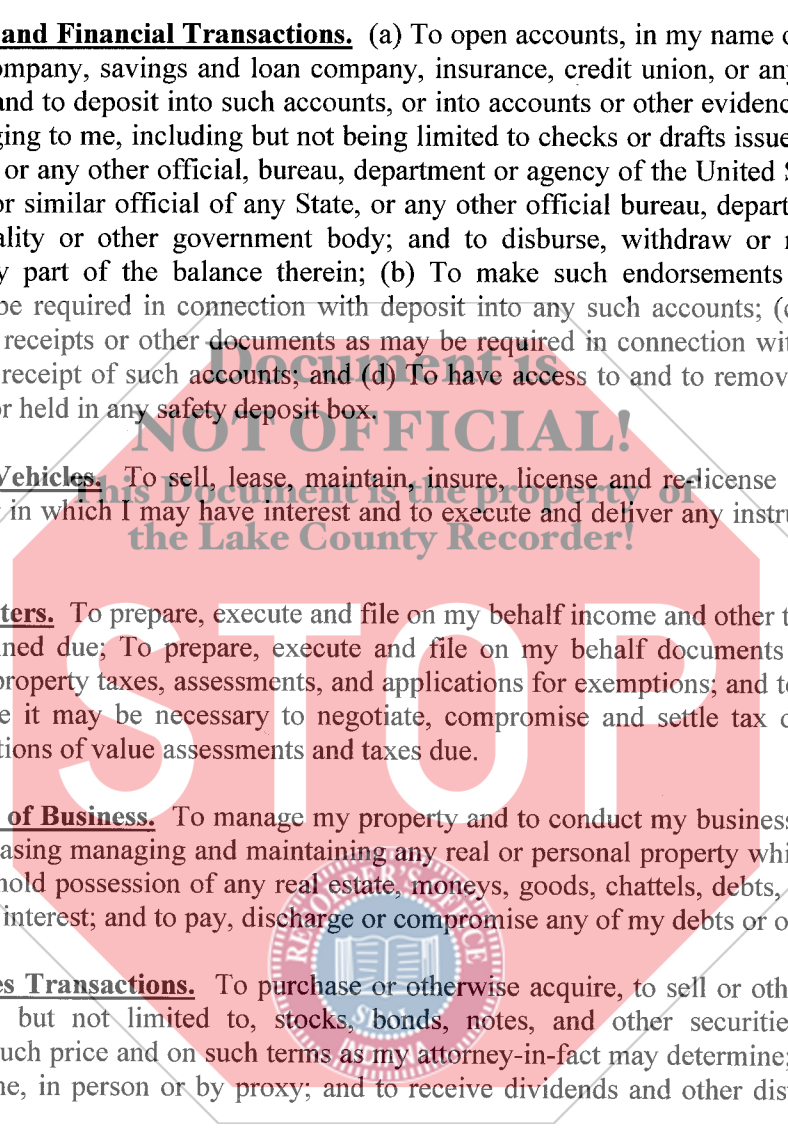
2. **Motor Vehicles.** To sell, lease, maintain, insure, license and relicense any motor vehicle which I may own or in which I may have interest and to execute and deliver any instruments required to so do.

3. **Tax Matters.** To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; To prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.

4. **Conduct of Business.** To manage my property and to conduct my business affairs, including but not limited to, leasing managing and maintaining any real or personal property which I may own; To recover, obtain and hold possession of any real estate, moneys, goods, chattels, debts, or any other thing in which I may have interest; and to pay, discharge or compromise any of my debts or other obligations.

5. **Securities Transactions.** To purchase or otherwise acquire, to sell or otherwise dispose of, securities including, but not limited to, stocks, bonds, notes, and other securities or evidence of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; To vote any such securities in my name, in person or by proxy; and to receive dividends and other distributions on such securities.

6. **Additional Powers Included by Incorporation.** I further grant to my attorney-in-fact all of the powers set forth currently under Indiana Statutes I.C. 30-5-5-1 through I.C. 30-5-5-19 et seq., as amended, and being inclusive of all such statutory powers, including, but not limited to, the power to withhold health care under I.C. 30-5-5-17; and in case of conflict with others powers narratively



STATE OF INDIANA
LAKE COUNTY
RECORDER
2007 APR 11 10:00 AM

2200
12357
B

K.L. Kw
JB

described in this Power, the broader power is control. Those powers described by reference herein include but are not limited to all Real Property Transactions [30-5-5-2], all Tangible Personal Property Transactions [-3], all Bonds and Shares and Commodity Transactions [-4], all Banking Transactions [-5], all Business Operating Transactions [-6], all Insurance Transactions [-7], all Beneficiary Transactions [-8], all Gift Transactions [-9], all Fiduciary Transactions [-10], all Claims and Litigation [-11], all Family Maintenance Transactions [-12], all Benefits from Military Service [-13], all rights to Records, Reports and Statements [-14], all Estate Transactions [-15], all Health Care Powers [-16], all Powers Relating to Health Care Consent and Refusal [-17], all Powers to Delegate these acts [-18] and general authority to do all matters as an alter ego under I.C. 30-5-5-19. I intend this Power of Attorney to be durable in nature and to survive my later incompetence and/or impairment due to physical, mental, or other disability. I understand that these powers **do include the power to withhold health care to my person** and that I otherwise have authorized my attorney-in-fact to act as alter ego with respect to all possible matters and affairs affecting my person and property.

Specifically, in relation to the power to consent or refuse health care for my person pursuant to I.C. 30-5-5-17; I authorize my health care representative to make decisions in my best interest concerning my withdrawal or withholding of health care. If at any time based on my previously expressed preferences and the diagnosis and prognosis my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available.

I specifically, also intend in my grant of health care powers to include all those powers currently set forth under I.C. 30-5-5-16, et seq., namely for my attorney-in-fact to employ or contract with servants, companions, or direct or indirect health care providers for myself, to consent or refuse to consent to health care for myself, to admit or release me from a hospital, health care facility or any institution, to have access to all my records, including medical records concerning my condition as well as to directly converse with all my health care providers as my alter-ego, to make anatomical gifts of my body should I succumb, to request autopsies of my body after I succumb and to make all arrangements and plans for the disposition of my body after death.

ALTERNATE – SUCCESSOR

If my initial Attorney-in-Fact, as hereinabove designated and appointed, should die, become mentally or physically incapacitated, resign, refuse to act, become unavailable, I then and do hereby designate and appoint my sister Aleta Kincaid as my successor Attorney-in-Fact to act in her stead.

REVOCATION PRIOR GRANTS OF POWERS: I hereby revoke all prior powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

RESERVATION: With respect to these powers, it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

Kw SS
K.L.

RELIANCE: No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact, shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented. This instrument, and actions taken by my Attorney-in-Fact as properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

GUARDIAN NOMINATION: In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact hereinabove designated and appoint, to be my Guardian. In the event that he/she dies, resigns, or is unable to serve, then I nominate my alternate Attorney-in-Fact as my alternate Guardian. Each is to serve upon the same terms and conditions as set forth herein for my Attorney-in-Fact.

EFFECTIVE CURRENTLY: DURATION This power of attorney shall become effective immediately upon the date I execute and sign this document as indicated below-herein- by my name and signature. Furthermore, this Power of Attorney and the authority I have conferred and specified above shall remain in full force and effect until such time as I may hereinafter revoke the same in writing or upon my death, which shall occur first in time; and provided further, that the same shall not be affected by my subsequent disability, incompetence, or lapse of time.

IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument as fully as I could do personally for my self, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

REVOCATION: Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Miscellaneous Records of the County of my current residence, as shown below-herein by my signature, or the county where I have thereafter last resided. In the event my designated initial or successor Attorney-in-Fact is a spouse to myself at the time of creation herein but subsequently ceases to be my spouse, or there has been filed and pending, or concluded, legal divorce actions, legal separation actions, or protective Orders regarding my person and said spouse, then any and all Powers granted to said spouse as Attorney-in-Fact I hereby automatically revoke effective automatically and contemporaneously at the time said proceeding is filed with any Court by said spouse or my self and install automatically my designated successor Attorney to act immediately in his/her stead.

ACCOUNTING, FEES, AND COPIES: My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimburse for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument. My Attorney-in-Fact shall not be liable for any non-negligent and non-intentional conduct in carrying out the terms of these powers but in the event of my total incapacity it is then required that accounts which were previously held in my own name not be commingled with the separate accounts of my Attorney-in-Fact and that any all records of transactions taken on my behalf be maintained and preserved for a period of three (3) years following my death with annual reports of all my financial transactions being maintained for a like period of time. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he/she shall deem appropriate. Each photocopy shall have the same force and effect as any original. If any part or provision of this instrument shall be invalid or unenforceable, such part of provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

R.L.KW DS

Signed this 19 day of April, 2007.

Keith A. Levi
KEITH ALLEN LEVI Grantor(s)

585-17-1992
SOCIAL SECURITY NUMBER

Joni L. Stover
Witness

Kelley Wontorski
Witness



This instrument was prepared by I. Alexander Woloshansky, 9219 Broadway, Merrillville, Indian 46410 (219) 769-3333

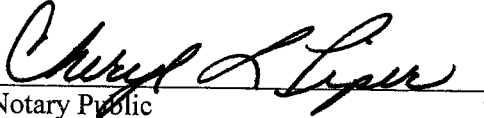
KW
JS

**NOTARY PUBLIC TO SIGNATURE
OF GRANTOR ON POWER OF ATTORNEY**

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public is and for said County and State, this 19 day of April, 2007 personally appeared KETIH ALLEN LEVI the Grantor name above and acknowledged the execution of the above and foregoing Power of Attorney to be his/her voluntary act and deed, for the uses and purposed therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

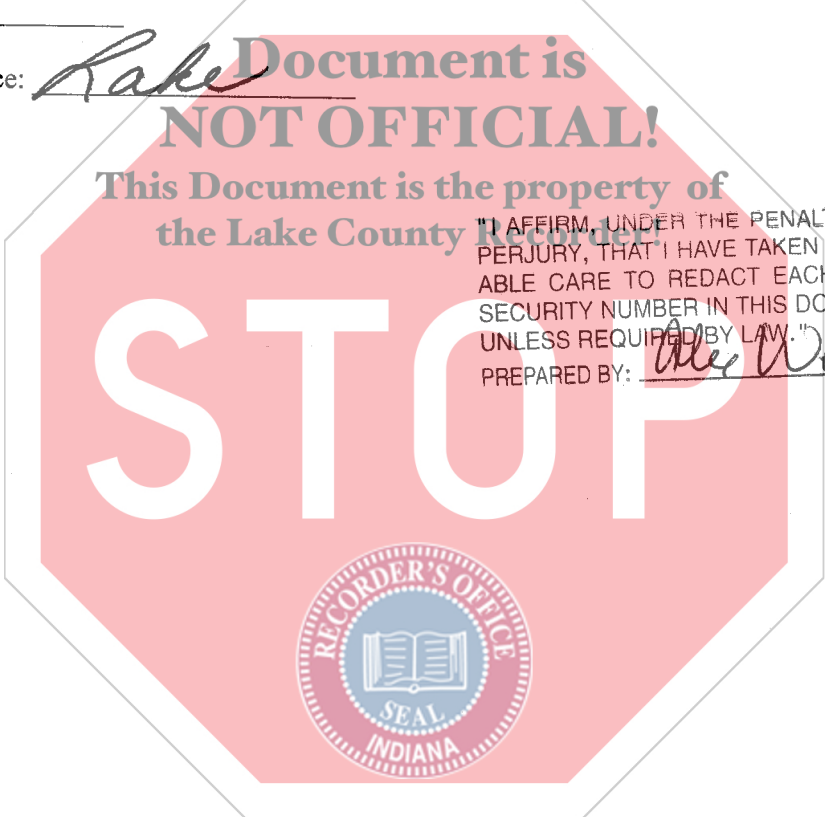

Notary Public

My Commission Expires:

3-4-08

County of Residence:

Lake



ACCEPTANCE AND STATUS

The Attorney-in-Fact represents and warrants that within her/his knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

Dated: April 19, 2007

ATTORNEY-IN-FACT

Pamela Hale

Signed

PAMELA HALE

Pamela Hale



This instrument was prepared by I. Alexander Woloshansky, 9219 Broadway, Merrillville, Indian 46410 (219) 769-3333