

2

# POWER OF ATTORNEY

OF

**BOBBY G. THOMAS**  
("Principal")

TO  
**ADRIANA AVILA**  
("Attorney-in-Fact")

2007 045169

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute").  
I, as principal, designate and name the person whose name appears above to be my attorney-in-fact.

**A. POWERS.**

According to the Statute, an attorney in fact has a power granted under I.C. 30-5 if the power of attorney incorporates the power. Therefore by referring to the Statute describing powers, this Power of Attorney incorporates into it the powers listed and confers general authority with respect to them:

- |                              |                            |                         |                             |
|------------------------------|----------------------------|-------------------------|-----------------------------|
| real property transactions;  | [I.C. 30-5-5-2]            | fiduciary transactions; | <del>[I.C. 30-5-5-10]</del> |
| tangible personal property;  | <del>[I.C. 30-5-5-3]</del> | claims and litigation;  | <del>[I.C. 30-5-5-11]</del> |
| bond, share and commodities; | <del>[I.C. 30-5-5-4]</del> | family maintenance;     | <del>[I.C. 30-5-5-12]</del> |
| banking transactions;        | <del>[I.C. 30-5-5-5]</del> | military benefits;      | <del>[I.C. 30-5-5-13]</del> |
| business operations;         | <del>[I.C. 30-5-5-6]</del> | records, reports, etc.  | <del>[I.C. 30-5-5-14]</del> |
| insurance transactions;      | <del>[I.C. 30-5-5-7]</del> | estate transactions;    | <del>[I.C. 30-5-5-15]</del> |
| beneficiary transactions;    | <del>[I.C. 30-5-5-8]</del> | all other matters;      | <del>[I.C. 30-5-5-19]</del> |
| gift transactions;           | <del>[I.C. 30-5-5-9]</del> |                         |                             |

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have added as follows:

\_\_\_\_\_

IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact power to act on my behalf and to do for me and in my name those things which such attorney-in-fact deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

**B. RESERVATION OF POWER TO ACT AND TO REVOKE**

I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

**C. CHAPTERS OF STATUTE ALSO APPLICABLE**

The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

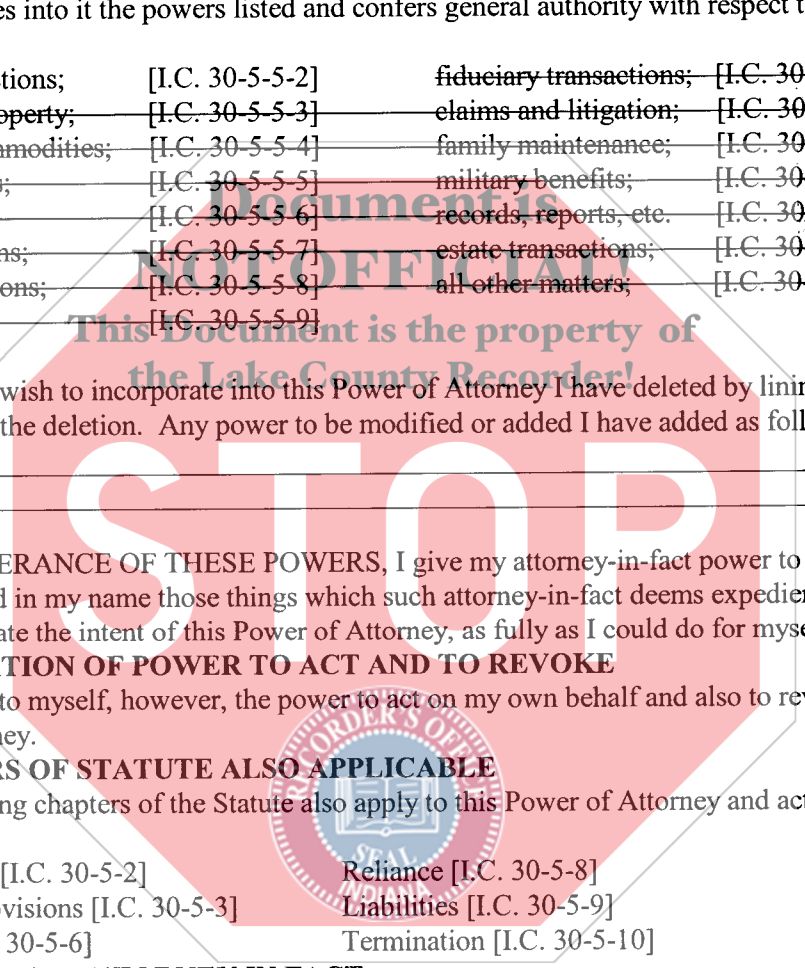
- |                                  |                            |
|----------------------------------|----------------------------|
| Definitions [I.C. 30-5-2]        | Reliance [I.C. 30-5-8]     |
| General Provisions [I.C. 30-5-3] | Liabilities [I.C. 30-5-9]  |
| Duties [I.C. 30-5-6]             | Termination [I.C. 30-5-10] |

**D. LIABILITY OF ATTORNEY IN FACT**

As permitted by I.C. 30-5-9-5, I, as principal, specifically provide that my attorney-in-fact is liable only if my attorney-in-fact acts in bad faith.

After recording please  
return to:

Lake Region Title Insurance Co.  
130 N. Main St.  
Crown Point, IN 46307



D.A.M.  
14.00  
001178 #

**FILED**

JUN 04 2007

**11908** PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**E. RELIANCE ON POWER OF ATTORNEY**

All persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in either the Office of the Recorder of Lake County, Indiana or Guilford County, State of North Carolina.

**F. DURATION OF POWER OF ATTORNEY**

(Select only one of the following provisions by striking all inapplicable provisions.)

- ~~a. This Power of Attorney terminates upon my physical or mental incapacity.~~
- ~~b. This Power of Attorney is not terminated upon my incapacity.~~
- c. This Power of Attorney terminates on June 15, 2007.**
- ~~d. This Power of Attorney terminates upon my incapacity or on the \_\_\_\_\_ day of \_\_\_\_\_, 2006, whichever first occurs.~~

**G. REVOCATION OF PRIOR POWERS**

I revoke all prior powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney.

**H. SUCCESSOR ATTORNEY IN FACT**

As a successor to my attorney-in-fact I designate and name **FRANK JACHIM**. Such successor shall become my attorney-in-fact when the person first designated and named has failed to serve as specified in the Statute, or has declined to serve.

By giving me written notice while I am not incapacitated, my attorney-in-fact may resign or decline to serve. During a period of my incapacity, my attorney-in-fact shall continue to serve until a successor attorney-in-fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

**H. BINDING EFFECT**

Any act or thing performed by my attorney-in-fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 31 day of MAY, 2007.

  
\_\_\_\_\_  
**BOBBY G. THOMAS**

STATE OF INDIANA )  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public for said County and State this 31<sup>st</sup> day of May, 2007 personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

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

  
\_\_\_\_\_  
Notary Public's Signature



Janet D. Lukich  
\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires: 12-29-08 ;  
Resident of Lake County

This instrument prepared by: Randy H. Wyllie, Wieser Sterba & Wyllie, LLP, 425 West Lincoln Highway, Schererville, IN 46375; (219) 865-7400

"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."

PREPARED BY: 