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**POWER OF ATTORNEY
OF NELL C. OWENS**

BY THIS POWER OF ATTORNEY, I name an Attorney-in-Fact with power to act on my behalf pursuant to IC 30-5, as it exists now and is amended in the future.

1. **ATTORNEY-IN-FACT.** As my Attorney-in-Fact, I name Bert S. Owens who's address and telephone number is 10052, Parkshore Drive, Fishers, IN 46038, (317) 250-3412.

1.1. **SUCCESSOR.** If my original Attorney-in-Fact fails or ceases to serve as my Attorney-in-Fact, I name Barrington C. Owens of 5897, Silas Court, Carmel, IN 46033, telephone number (317)-818-9001 as my successor Attorney-in-Fact.

1.2. **LIABILITY LIMITED.** My Attorney-in-Fact shall only be liable for actions undertaken in bad faith except if my Attorney-in-Fact is involved in self-dealing.

1.3. **NO FEE.** My Attorney-in-Fact shall not be entitled to a fee for services provided as my Attorney-in-Fact.

2. **EFFECTIVE UPON MY SIGNATURE OR INCOMPETENCE.** This power of Attorney shall not be effective until I in sound mind sign and notarized this document or a physician familiar with my mental condition, states in writing to my Attorney-in-Fact that I am unable to manage my affairs.

3. **POWERS.** I give to my Attorney-in-Fact or any successor Attorney-in-Fact the powers specified in this section to be used on my behalf, **PROVIDED** 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 property. My Attorney-in-Fact, Bert S. Owens will also serve as the Trustee of my Estate.

3.1. **REAL PROPERTY.** Authority with respect to real property transactions pursuant to IC 30-5-5-2.

3.2. **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property pursuant to IC 30-5-5-3.

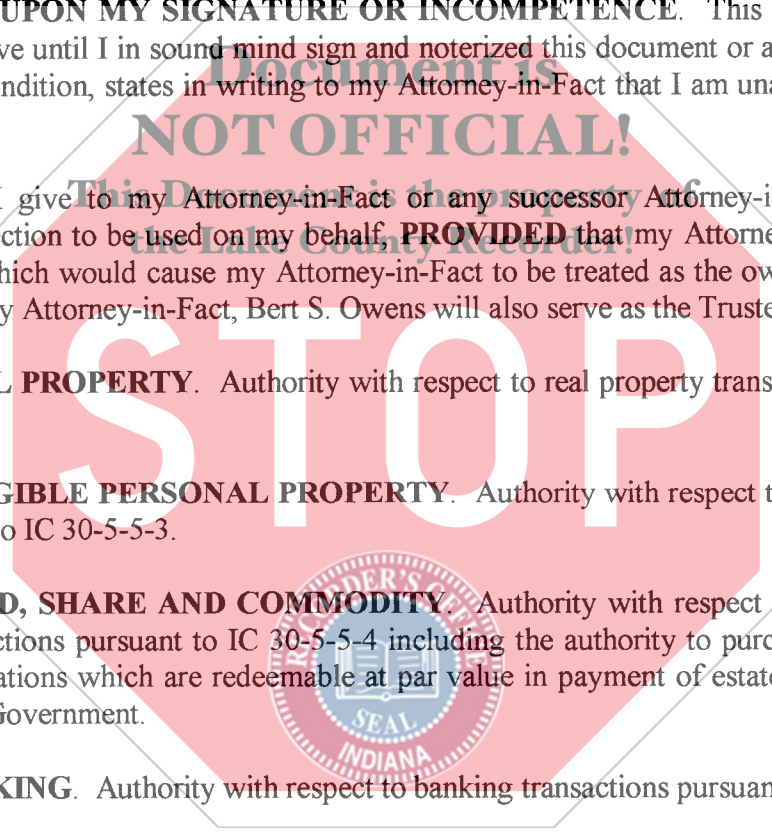
3.3. **BOND, SHARE AND COMMODITY.** Authority with respect to bond, share and commodity transactions pursuant to IC 30-5-5-4 including the authority to purchase United States Government obligations which are redeemable at par value in payment of estate taxes imposed by the United States Government.

3.4. **BANKING.** Authority with respect to banking transactions pursuant to IC 30-5-5-5.

3.5. **BUSINESS.** Authority with respect to business operating transactions pursuant to IC 30-5-5-6.

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3.6. **INSURANCE.** Authority with respect to insurance transactions pursuant to IC 30-5-5-7 provided that references in IC 30-5-5-7(a)(2) and (3) to "section 8" are changed to "section 9" and including authority to purchase a non-assignable, non-cancelable, single premium irrevocable straight life commercial annuity on my life and for the life of my spouse to provide monthly installments with the balance to my beneficiaries.

3.7. **BENEFICIARY.** Authority with respect to beneficiary transactions pursuant to IC 30-5-5-8.

3.8. **GIFTS.** Authority with respect to gift transactions pursuant to IC 30-5-5-9 including authority to make unlimited gifts to my Attorney-in-Fact.

3.9. **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to IC 30-5-5-10.

3.10. **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to IC 30-5-5-11.

3.11. **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to IC 30-5-5-12.

3.12. **RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports and statements pursuant to IC 30-5-5-14, including the power to execute on my behalf any specific power of Attorney required by any taxing authority to allow my Attorney-in-Fact to act on my behalf before that taxing authority on any return or issue.

3.13. **ESTATE TRANSACTION.** Authority with respect to estate transactions pursuant to IC 30-5-5-15.

3.14. **HEALTH CARE.** Authority with respect to health care pursuant to IC 30-5-5-16.

3.17. **HEALTH CARE REPRESENTATIVE APPOINTMENT WITH POWER TO STOP HEALTH CARE.** I appoint my Attorney-in-Fact as my health care representative with authority to act for me in all matters of health care in accordance with IC 16-36-1 as shown by the appointment under IC 16-36-1 which is attached to this power of Attorney pursuant to IC 30-5-5-16(b)(2) and IC 30-5-5-17.

3.18. **MEDICAID PLANNING.** Authority to do medicaid planning and transfers on my behalf to protect and preserve my estate from the burdens of long term health care so that I may receive benefits from government programs including Medicaid including but not limited to authority to:

- (a) make gifts of any or all of my assets as provided above;
- (b) purchase assets that are exempt or not counted in determining qualification under the resource test;
- (c) transfer assets so that the assets are not subject to claims or liens of creditors; and

(d) create, revoke or amend any trust to qualify for these benefits or to protect my assets from claims or liens of creditors if laws, regulations, rules or administrative interpretations change.

3.19. **DELEGATE.** Authority with respect to delegating authority pursuant to IC 30-5-5-18.

3.20. **ALL OTHER MATTERS.** Authority with respect to all other matters pursuant to IC 30-5-5-19.

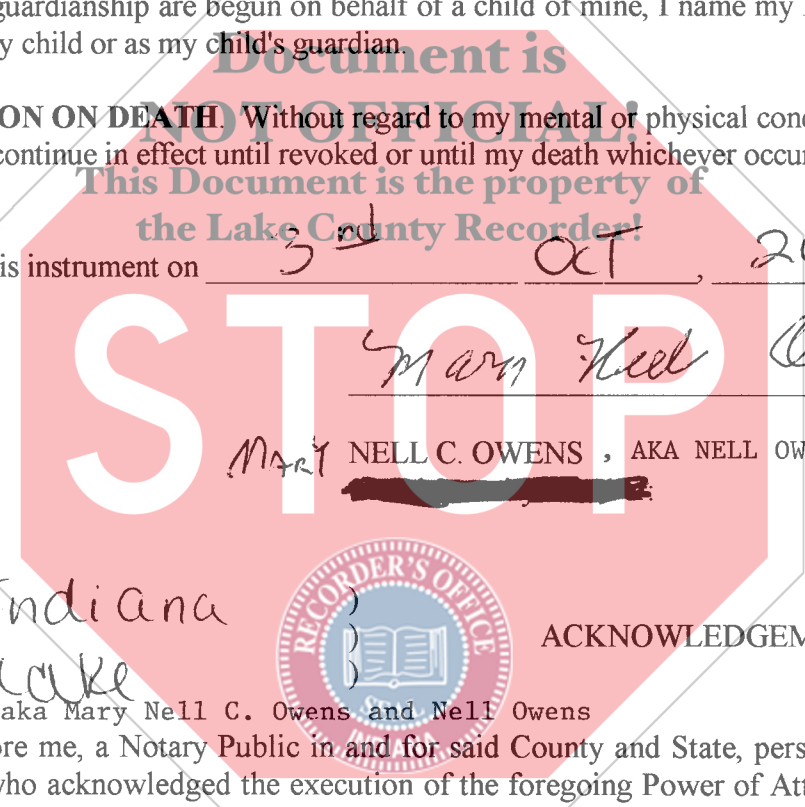
3.21. **DISCLAIM.** Authority to disclaim any power or discretion that is considered unwanted and to disclaim gifts, inheritance, or other transfers even if my Attorney-in-Fact benefits by making the disclaimer on my behalf.

4. **SUPERSEDES PRIOR POWERS OF ATTORNEY.** This power of Attorney supersedes all powers of Attorney executed by me prior to the date of this power of Attorney.

5. **GUARDIAN.** If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my Bert S. Owens to act on my behalf or as my guardian. If protective proceedings or a guardianship are begun on behalf of a child of mine, I name my Bert S. Owens to act on behalf of my child or as my child's guardian.

6. **TERMINATION ON DEATH.** Without regard to my mental or physical condition, this power of Attorney shall continue in effect until revoked or until my death whichever occurs first.

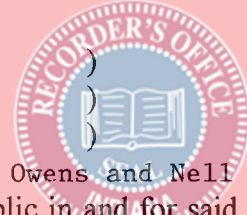
I have executed this instrument on 3rd Oct, 2006.



Mary Nell C. Owens

MARY NELL C. OWENS, AKA NELL OWENS

STATE OF Indiana
COUNTY OF Lake



ACKNOWLEDGEMENT

*aka Mary Nell C. Owens and Nell Owens

Before me, a Notary Public in and for said County and State, personally appeared, Nell C. Owens,* who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 3rd day of October, 2006.

*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 Nell C. Owens

Rosaly Santiago

