

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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**DURABLE POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT**

**WARNING TO PERSON EXECUTING THIS DOCUMENT - THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT**

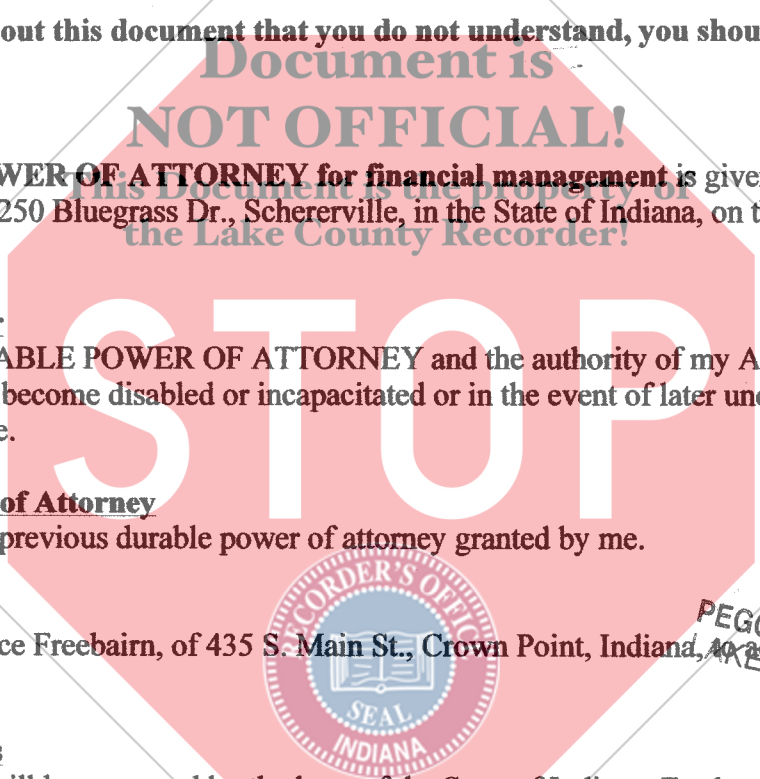
**CAUTION: This is an important legal document and upon proper execution will create a Durable Power of Attorney. This gives the person whom you designate as your attorney-in-fact broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you.**

**These powers will continue to exist even if you become disabled or incompetent. You do have the right to terminate or revoke the power of attorney and any or all powers granted within at any time up to the point of your incapacity.**

**This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy (also known as a health care or medical power of attorney) to do this.**

**If there is anything about this document that you do not understand, you should ask a lawyer to explain it to you.**

**THIS DURABLE POWER OF ATTORNEY for financial management is given by me, Judith Lynn Freebairn, presently of 250 Bluegrass Dr., Schererville, in the State of Indiana, on the 2nd day of December, 2007.**



1. **Nature of Power**  
THIS IS A DURABLE POWER OF ATTORNEY and the authority of my Attorney-in-fact shall not terminate if I become disabled or incapacitated or in the event of later uncertainty as to whether I am dead or alive.
2. **Previous Power of Attorney**  
I REVOKE any previous durable power of attorney granted by me.
3. **Attorney-in-fact**  
I APPOINT Bruce Freebairn, of 435 S. Main St., Crown Point, Indiana, to act as my Attorney-in-fact.
4. **Governing Laws**  
This instrument will be governed by the laws of the State of Indiana. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Indiana at any time he or she may be acting on my behalf.
5. **Delegation of Authority**  
My Attorney-in-fact may not delegate any authority granted under this document. 024253
6. **Liability of Attorney-in-fact**  
My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any

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LAKE COUNTY AUDITOR

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action taken or not taken under this document, except for willful misconduct or gross negligence.

7. **Effective Date**

This Power of Attorney will start immediately and will continue notwithstanding my mental incapacity or mental infirmity which may occur after my execution of this Power of Attorney.

8. **Powers of Attorney-in-fact**

My Attorney-in-fact will have the following power(s):

Initials

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a. **Real Estate Transactions**

To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

- i. purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein, and
- ii. execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

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b. **Chattel and Goods Transactions**

To purchase, sell or otherwise deal with any type of personal property I may currently or in the future have an interest in. This includes, but is not limited to, the power to purchase, sell, exchange, accept as gift, place as security on loans, rent, lease, to pay or contest taxes or assessments, mortgage or pledge.

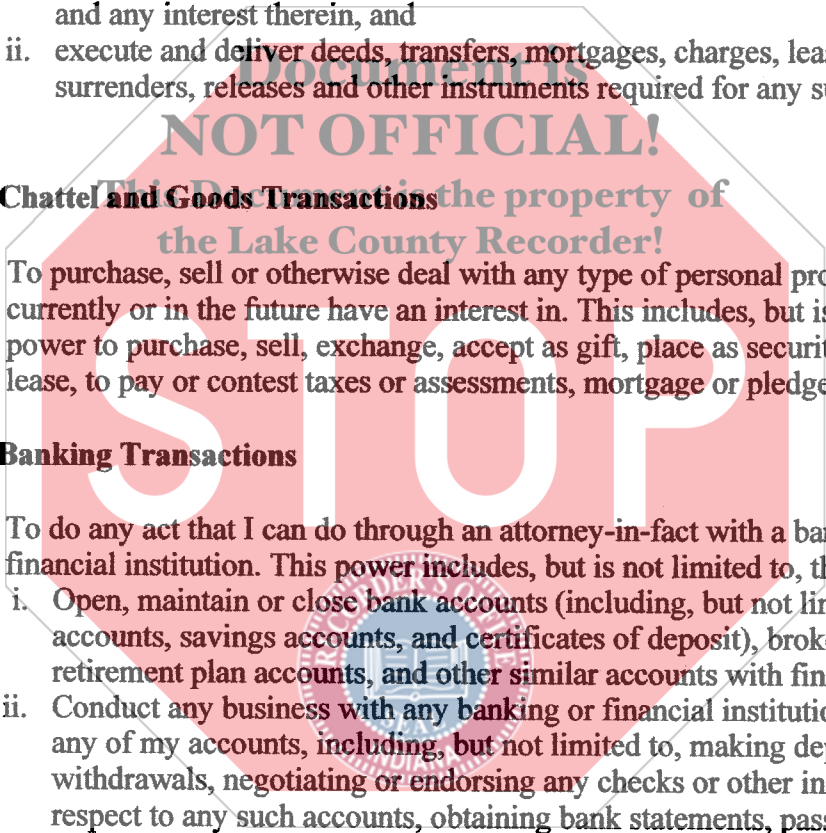
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c. **Banking Transactions**

To do any act that I can do through an attorney-in-fact with a bank or other financial institution. This power includes, but is not limited to, the power to:

- i. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions.
- ii. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
- iii. Borrow money from any banking or financial institution if deemed necessary by my Attorney-in-fact, and to manage all aspects of the loan process, including the placement of security and the negotiation of terms.
- iv. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury

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- v. Have access to any safe deposit box that I might own, including its contents.
- vi. Create and deliver any financial statements necessary to or from any bank or financial institution.

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To take any action my Attorney-in-fact deems necessary with any business that I may own or have an interest in by doing any act which can be done through an attorney-in-fact. This power includes, but is not limited to, the power to execute, seal and deliver any instrument; participate in any legal business of any kind; execute partnership agreements and amendments; to incorporate, reorganize, consolidate, merge, sell, or dissolve any business; to elect or employ officers, directors and agents; and to exercise voting rights with respect to any stock I may own, either in person or by proxy.

X gjt e. **Insurance Transactions**

To do any act that I can do through an attorney-in-fact with any insurance policy. This power includes, but is not limited to, the power to pay premiums, start, modify or terminate policies, manage all cash payouts, borrow from insurers and third parties using insurance policies as collateral, and to change the beneficiaries on any insurance policies on my life. Unless my Attorney-in-fact was already a beneficiary of any policy before the signing of this document, my Attorney-in-fact cannot name himself or herself as a beneficiary of such policy.

X gjt f. **Estate Transactions**

To do any act that I can do through an attorney-in-fact with regard to all matters that affect any trust, probate estate, conservatorship, or other fund which I may receive payment as a beneficiary. This power includes the power to disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, my Attorney-in-fact cannot disclaim assets to which I would be entitled, if the result is that the disclaimed assets pass directly or indirectly to my Attorney-in-fact or my Attorney-in-fact's estate.

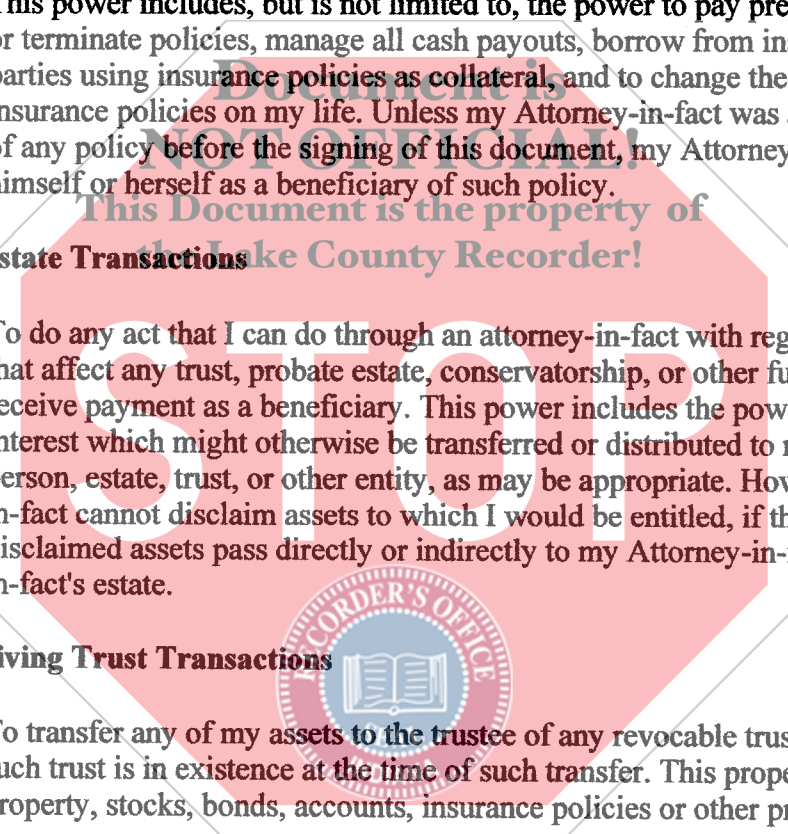
X gjt g. **Living Trust Transactions**

To transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer. This property can include real property, stocks, bonds, accounts, insurance policies or other property.

X gjt h. **Claims and Litigation Matters**

To institute, maintain, defend, compromise, arbitrate or otherwise dispose of, any and all actions, suits, attachments or other legal proceedings for or against me. This power includes, but is not limited to, the power to: appear on my behalf or retain an attorney and any other professional personnel necessary to defend or assert any claim before any court, board, or tribunal, and the power to settle any claim against

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me in which ever forum or manner my Attorney-in-fact deems prudent, and to receive or pay any resulting settlement.

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To act on my behalf in all matters that affect my right to allowances, compensation and reimbursements properly payable to me by the Government of the United States or any agency or department thereof. This power includes, but is not limited to, the power to prepare, file, claim, defend or settle any claim on my behalf and to receive and manage as my Attorney-in-fact sees fit any proceeds of any claim.

X JLJ j. **Retirement Benefit Transactions**

To act for me and represent my interests in all matters affecting any retirement savings or pension plans I may have. This power includes, but is not limited to, the power to continue contributions, change contribution amounts, change investment strategies and options, move assets to other plans, receive and manage payouts, and add or change existing beneficiaries. My Attorney-in-fact cannot add himself or herself as a beneficiary unless he or she is already a designated beneficiary as of the signing of this document.

X JLJ k. **Family Care**

To make whatever expenditures are required for the maintenance, education, benefit, medical care and general advancement of me, my spouse and dependent children, and other persons that I have chosen or which I am legally required to support, any of which may include my Attorney-in-fact. This power includes, but is not limited to, the power to pay for housing, clothing, food, travel and other living costs.

X JLJ l. **Tax Matters**

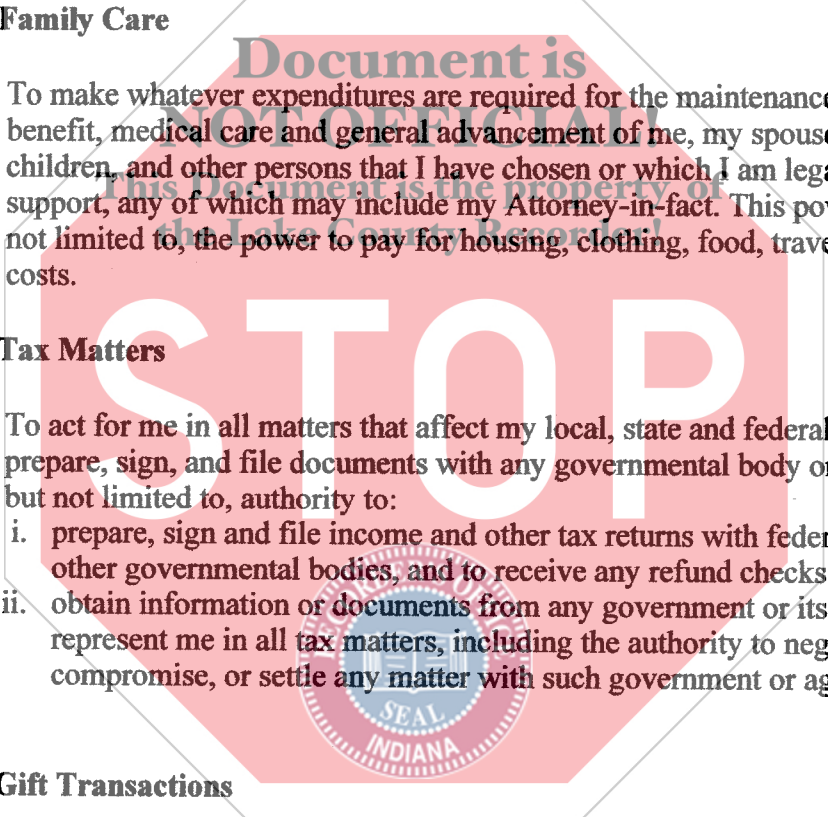
To act for me in all matters that affect my local, state and federal taxes and to prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authority to:

- i. prepare, sign and file income and other tax returns with federal, state, local and other governmental bodies, and to receive any refund checks.
- ii. obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.

X JLJ m. **Gift Transactions**

To make gifts to my spouse, children, grandchildren, great grandchildren, and other family members on special occasions, including birthdays and seasonal holidays, including cash gifts, and to such other persons with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate planning and/or tax purposes), in such amounts as my Attorney-in-fact may decide in his or her absolute discretion, having regard to all of the circumstances, including the gifts I made while I was capable of managing my own estate, the size of my estate and my

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income requirements.

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To continue to make gifts to charitable organizations with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate planning and/or tax purposes), in such amounts as my Attorney-in-fact may decide in his or her absolute discretion, having regard to all of the circumstances, including the gifts I made while I was capable of managing my own estate, the size of my estate and my income requirements.

X JLZ o. **Maintain Property and Make Investments**

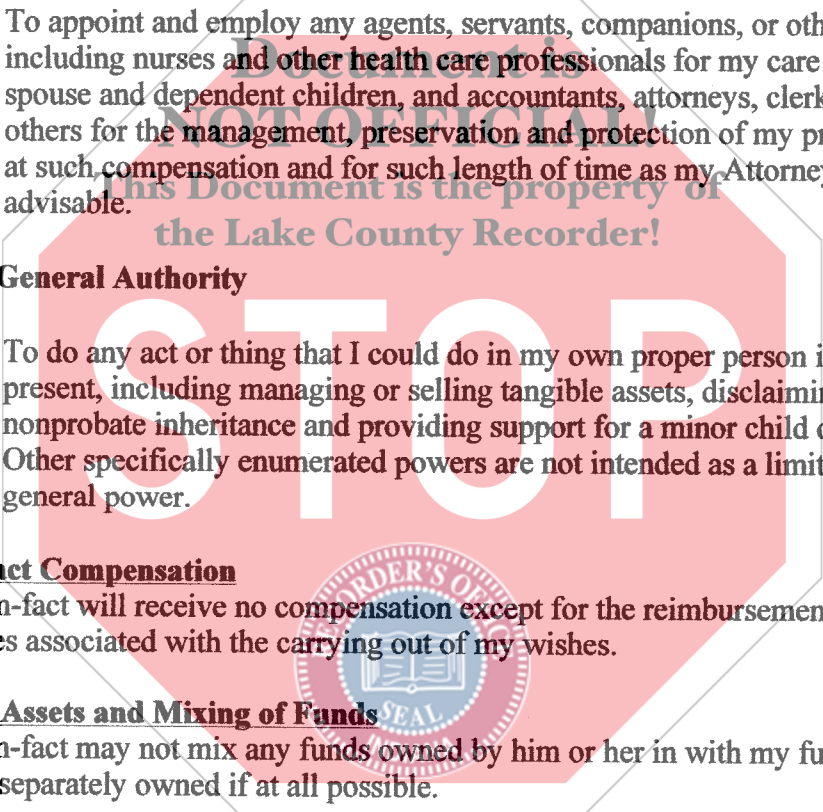
To retain any assets owned by me at the date this Durable Power of Attorney becomes effective, and the power to reinvest those assets in similar investments. In addition, my Attorney-in-fact may invest my assets in any new investments, of his or her choosing, regardless of whether or not they are authorized by any applicable legislation.

X JLZ p. **Employ Required Professionals**

To appoint and employ any agents, servants, companions, or other persons, including nurses and other health care professionals for my care and the care of my spouse and dependent children, and accountants, attorneys, clerks, workers and others for the management, preservation and protection of my property and estate, at such compensation and for such length of time as my Attorney-in-fact considers advisable.

X JLZ q. **General Authority**

To do any act or thing that I could do in my own proper person if personally present, including managing or selling tangible assets, disclaiming a probate or nonprobate inheritance and providing support for a minor child or dependent adult. Other specifically enumerated powers are not intended as a limitation on this broad general power.



- 9. **Attorney-in-fact Compensation**  
My Attorney-in-fact will receive no compensation except for the reimbursement of all out of pocket expenses associated with the carrying out of my wishes.
- 10. **Co-owning of Assets and Mixing of Funds**  
My Attorney-in-fact may not mix any funds owned by him or her in with my funds and all assets should remain separately owned if at all possible.
- 11. **Personal Gain from Managing My Affairs**  
My Attorney-in-fact is not allowed to personally gain from any transaction he or she may complete on my behalf.
- 12. **Attorney-in-fact Restrictions**  
This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

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**13. Notice to Third Parties**

Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of an Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by the Power of Attorney up to the point of revocation of the Power of Attorney. Revocation of the Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

**14. Severability**

If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

I, **Judith Lynn Freebairn**, being the Principal named in this Durable Power of Attorney for Finances hereby acknowledge:

1. I have read and understand the nature and effect of this Durable Power of Attorney.
2. I recognize that this document gives my Attorney-in-fact broad powers over my assets, and that these powers will continue past the point of my incapacity.
3. I am of legal age in the State of Indiana to grant a Durable Power of Attorney.
4. I am voluntarily giving this Durable Power of Attorney and recognize that the powers given in this document will become effective as of the date of my incapacity or as specified within.

IN WITNESS WHEREOF I hereunto sign my name at the City of Dyer , in the State of Indiana, this 2nd day of December, 2007

**SIGNED, SEALED, AND DELIVERED** in the presence of:

*[Handwritten Signature]*

WITNESS

Address: 1313 Sycamore St  
Crown Point, IN 46307

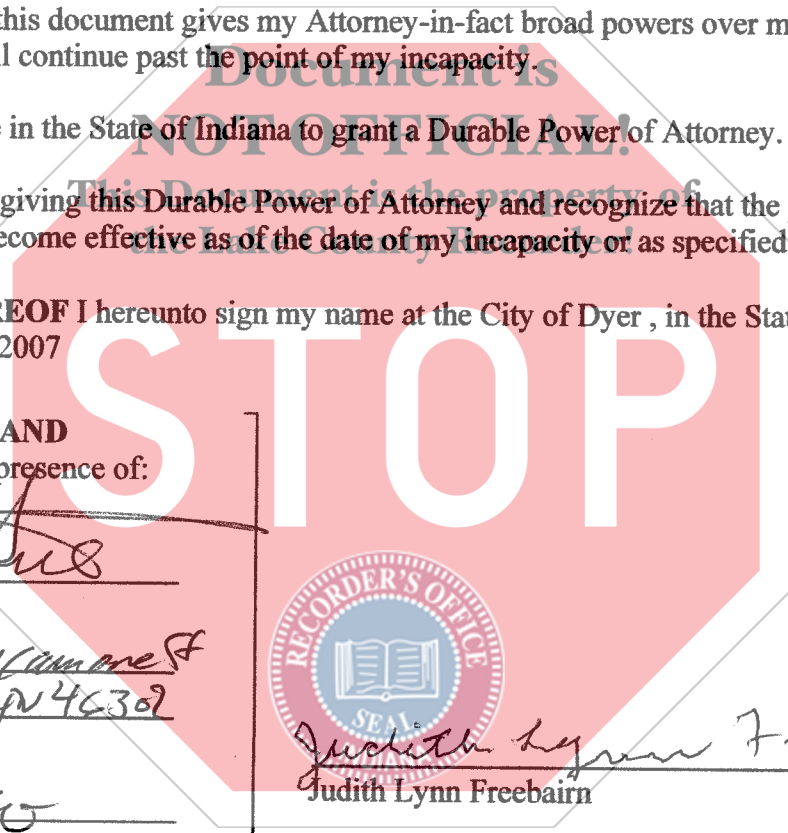
*[Handwritten Signature]*

WITNESS

Address: 601 Imperial Dr  
Crown Point, IN 46307



*[Handwritten Signature]*  
Judith Lynn Freebairn



**WITNESS CERTIFICATE**

I, JASON E SCOTT, currently residing at 1313 Sycamore St, in the City of CROWN POINT, in the State of INDIANA, hereby acknowledge that:

1. I witnessed the signing of the Power of Attorney of Judith Lynn Freebairn dated this 2nd day of December, 2007.
2. I am an adult with capacity to witness the signing of the Power of Attorney.
3. In my opinion Judith Lynn Freebairn had the capacity to understand the nature and effect of the Power of Attorney at the time the Power of Attorney was signed and signed it freely and voluntarily without any compulsion or influence from any person.
4. I am not the Attorney named in the Power of Attorney nor am I the Attorney's spouse or other family member.

[Signature]  
(Signature of witness)

12/2/07  
(Date)



[Handwritten initials]  
12/2

**WITNESS CERTIFICATE**

I, Brianey Senecety currently residing at 69 Imperial Dr, in the City of CrownPoint, in the State of Indiana, hereby acknowledge that:

1. I witnessed the signing of the Power of Attorney of Judith Lynn Freebairn dated this 2nd day of December, 2007.
2. I am an adult with capacity to witness the signing of the Power of Attorney.
3. In my opinion Judith Lynn Freebairn had the capacity to understand the nature and effect of the Power of Attorney at the time the Power of Attorney was signed and signed it freely and voluntarily without any compulsion or influence from any person.
4. I am not the Attorney named in the Power of Attorney nor am I the Attorney's spouse or other family member.

Brianey Senecety  
(Signature of witness)

10 12 2007  
(Date)

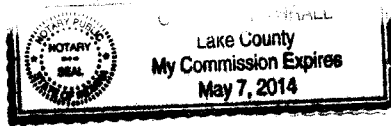


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**NOTARY ACKNOWLEDGEMENT**

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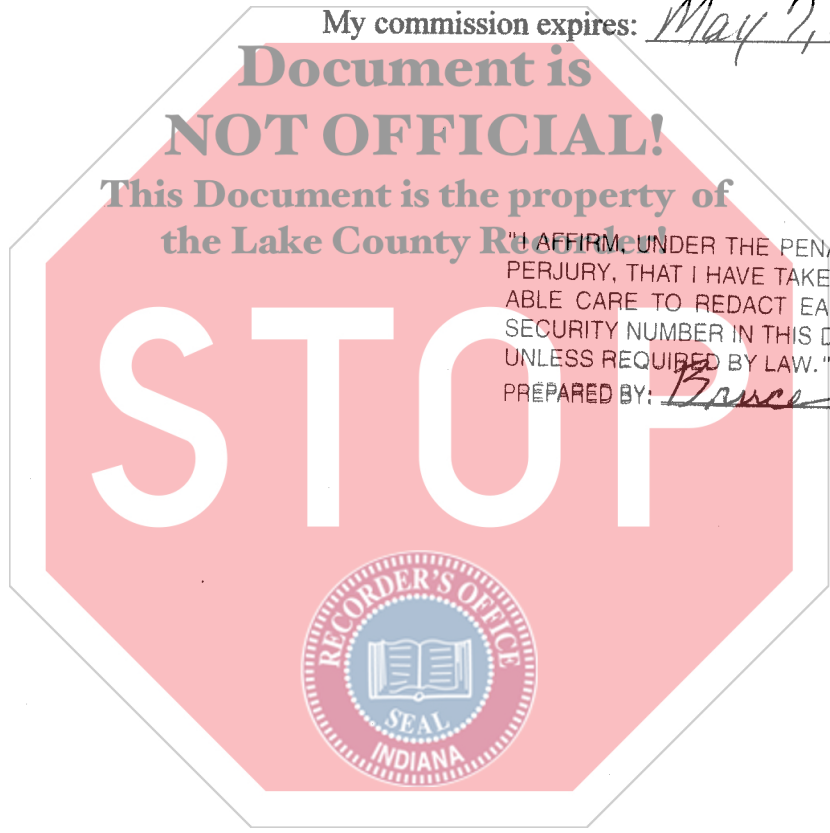


Before me the undersigned, a Notary Public for LAKE County, State of Indiana, personally appeared Judith Lynn Freebairn, and acknowledged the execution of this instrument this 2nd day of December, 2007.

Cynthia M Thrall  
Notary Public

Cynthia M Thrall  
(print name)

My commission expires: May 7, 2014



"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: Judith Lynn Freebairn

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*JLF*