

THE POWERS YOU GRANT BELOW ARE EFFECTIVE EVEN IF YOU BECOME DISABLED OR INCOMPETENT

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANYOU QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR ATTORNEY IF YOU LATER WISH TO DO SO

YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.	
Barbara Hoyolka 13211-105th Street St John, IN [insert your name and address] appoint	an.
To we Homo KA 13211 105 ST John III Insert the name and address of the person appointed] as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:	2019
TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGN THE LINES IN FRONT OF THE OTHER POWERS.	27
TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITAL LINE IN FRONT OF EACH POWER YOU ARE GRANTING.	417
TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED CROSS OUT EACH POWER WITHHELD.	NOT,⊃
Note: If you initial Item A or Item B, which follow, a notarized signature will be required on by the Principal.	ehalf of

NOT OFFICIAL!

(A) Real property transactions. To lease, self, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, self, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of Indiana, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.

(B) Tangible personal property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of Indiana or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.

(C) Stock and bond transactions. To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

MAR 2 0 2008

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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continue opt cowers with	on accounts for the principal v respect to commodities and o	d receipt for all proceeds on with any securities or future ptions which the principal of the principal of the the principal of the principal of the the principal of the principal of the principal of the principal of	of any such transactions; establishes broker; and, in general, exercicould if present and under no dis
execute, accertificates, deposit of b money, at a draft, purchame or for modem propesecurity instrume to	mowledge, deliver and posses withdrawal receipts and depos anks, savings and loans, credi ny time or times, that may here ise, contract, note, or trade ac in my name, by my Agent. To and execute promissory note tuments in such form as the le	es checks, drafts, bills of ex- bit instruments relating to a t unions, or other institution eafter be owing by me upo aceptance made, executed to borrow from time to time es, security deeds or agree ander may request and ren	To make, receive, sign, endorschange, letters of credit, notes, secounts or deposits in, or certificates or associations. To pay all sun any account, bill of exchange, endorsed, accepted, and delives such sums of money as my Agements, financing statements, or ew said notes and security instruction or times to any safe deposit both
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obligation, i any combin designate t	n regard to any contract of life	, accident, health, disability cure new or additional cont ed, however, that my Ager	perform any act, power, duty, rig y, liability, or other type of insurar racts of insurance for me and to it cannot designate himself or he
reject, reno other prope any power the benefit represental trusts which may not ma principal or) Estate, trust, and other be unce, assign, disclaim, deman rty interest or payment due or over any trust, estate or prope of the principal that terminates ive of the estate of the principal the principal could exercise if ke or change a will and may re	d, sue for, claim and recover payable to or for the principal the death of the principal; and, in general, exercise for the or and under no dispersive to the death of the principal; and, in general, exercise for exert and under no dispersive to the benefit of the principal; and the principal that	o accept, receipt for, exercise, rever any legacy, bequest, devise, gipal; assert any interest in and extrol; establish a revocable trust so al and is then distributable to the e all powers with respect to estat ability; provided, however, that the trevocable or amendable by the cipal to pay income or principal to
legal proce which I or r allowances demands v	edings touching my property, in my property, real or personal, recompound, submit to arbitrate hatsoever that now are, or he	eal or personal, or any par nay be in any way concerr ion, and compromise all ac reafter shall be, pending b	ontinue, or defend all actions or on the thereof, or touching any matter sed. To defend, settle, adjust, maccounts, reckonings, claims, and etween me and any person, firm, as my Agent shall deem proper.
(nurses, agents, servants, wor	kmen, and others and to re	nts, attorneys at law, consultants emove them, and to appoint othe aries, wages, or other remunerat

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

Right to Compensation. My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

Successor Agent. If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent:

Choice of Law. THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF INDIANA WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES. IT WAS EXECUTED IN THE STATE OF INDIANA AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 11 day of parchis the property of the Lake County Recorder!

[Your Signature]

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF INDIANA
COUNTY OF

Tulias

This document was acknowledged before me on House 11 2008 [Date] by Carbout Homeway [name of principal].

[Notary Seal, if any]:

SHARON L. PLASSMAN
Lake County
My Commission Expires
August 1, 2015

(Signature of Notarial Officer)

Notary Public for the State of Indiana

My commission expires: \(\delta \cust \land \delta \cus \land \delta \cust \delta \delta \cust \delta \cus

federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.
(L) Retirement plan transactions. To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability.
(M) Tax matters. To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.
(N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).
SPECIAL INSTRUCTIONS:
ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT. OCUMENT 15
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This Document is the property of
the Lake County Recorder!
THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.
THIS POWER OF ATTORNEY SHALL BE CONSTRUED AS A GENERAL DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.
(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRICKEN.)

Authority to Delegate. My Agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my Agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

ACKNOWLEDGMENT OF AGENT

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Tohn HomoLKM [Typed or Printed Name of Agent]

Signature of Agent]

PREPARATION STATEMENT

This document was prepared by the following individual:

[Typed or Printed Name]

Document is

COFFICIAL

[Signature]

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the Lake County Recorder!