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DURABLE POWER OF ATTORNEY

OF

MARLYN SMITH

TO

CAROL GARLETTS

RECORDS AND RETURN TO:
CAROL GARLETTS
5307 HANLEY LANE
CROWN POINT IN 46307

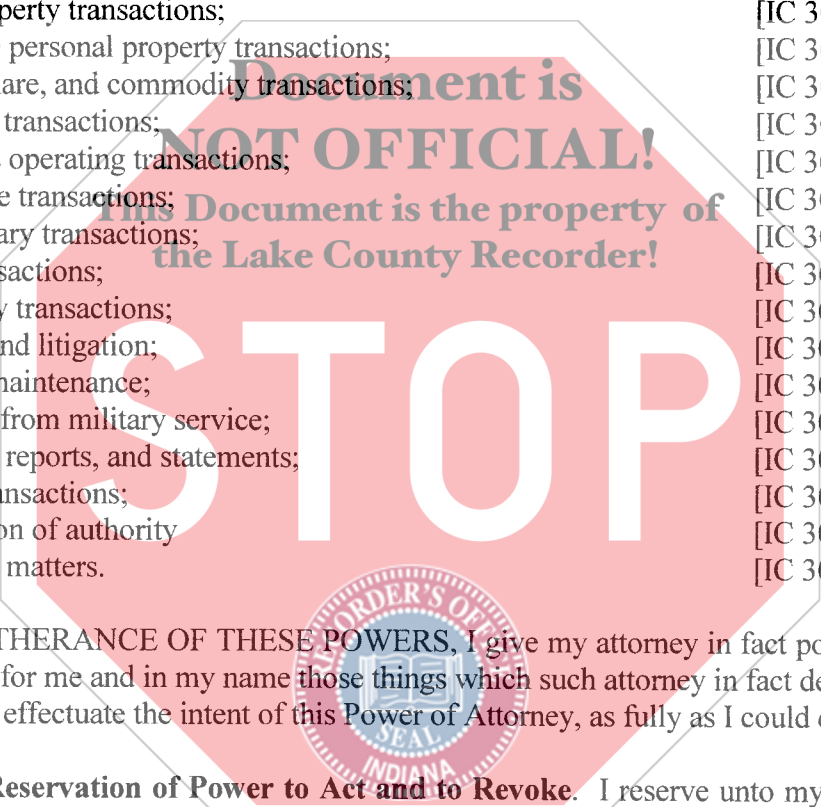
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I, as principal, designate and name the person whose name appears above to be my attorney in fact, under Indiana Code 30-5, as it may be amended or replaced (the "Statute").

A. **Powers.** This Power of Attorney incorporates the following powers and confers general authority to the Attorney in Fact upon each power:

- Real property transactions; [IC 30-5-5-2]
- Tangible personal property transactions; [IC 30-5-5-3]
- Bond, share, and commodity transactions; [IC 30-5-5-4]
- Banking transactions; [IC 30-5-5-5]
- Business operating transactions; [IC 30-5-5-6]
- Insurance transactions; [IC 30-5-5-7]
- Beneficiary transactions; [IC 30-5-5-8]
- Gift transactions; [IC 30-5-5-9]
- Fiduciary transactions; [IC 30-5-5-10]
- Claims and litigation; [IC 30-5-5-11]
- Family maintenance; [IC 30-5-5-12]
- Benefits from military service; [IC 30-5-5-13]
- Records, reports, and statements; [IC 30-5-5-14]
- Estate transactions; [IC 30-5-5-15]
- Delegation of authority [IC 30-5-5-18]
- All other matters. [IC 30-5-5-19]

STATE OF INDIANA
LAKE COUNTY
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2008 SEP -9 AM 10:20
MICHAEL A. BROWN
RECORDER



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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 the power to act on my own behalf and to revoke or amend this Power of Attorney.

C. **Liability of Attorney in Fact.** My attorney in fact is liable only if my attorney in fact acts in bad faith.

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HOLD FOR MERIDIAN TITLE

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

D. **Duration of Power of Attorney.** This Power of Attorney is not terminated by my incapacity.

E. **Guardians.** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate CAROL GARLETTS as guardian to serve without bond as may be permitted by law.

F. **Successor Attorney in Fact.** As a successor to my attorney in fact I designate and name THOMAS F. SMITH. Such successor shall become my attorney in fact when the person first designated and named has failed or ceased to serve as specified in the Statute, or has declined to serve.

G. **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 15th day of April, 2005, in 3 counterparts, each of which shall be considered an original.

Counterpart No. 1

Marlyn Smith
MARLYN SMITH, Principal
Date of Birth: 7/29/27
Social Security No.: ~~XXXXXXXXXX~~
Address: 301 Magnolia Drive
Crown Point, Indiana 46307

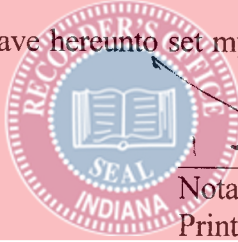
STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 15th day of April, 2005, 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.



Patrick A. Schuster
Notary Public's Signature
Printed: Patrick A. Schuster
Resident of Lake County

My Commission Expires: 2/1/07

This instrument prepared by: *Patrick A. Schuster, Attorney at Law, 1920 N. Main Street, Crown Point, IN*

**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.**

Name Laura Kuckuck