INDIANA DURABLE POWER OF ATTORNEY

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

Key# 45-08-16-328-016,000-004

I , Gladys G. Hayes, 7250 Arthur Blvd., Merrillville, Indiana 46410 appoint Charles H. Givens, 7925 Tyler Circle, Unit E, Merrillville, Indiana 46410 as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

(A) Real 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 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, sell, 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 hope and may for all deferred payments accept purchase money notes payable to me and secure payments accept purchase payments accept paymen mortgages, security interests, or deeds to secure debt.unty Recorde

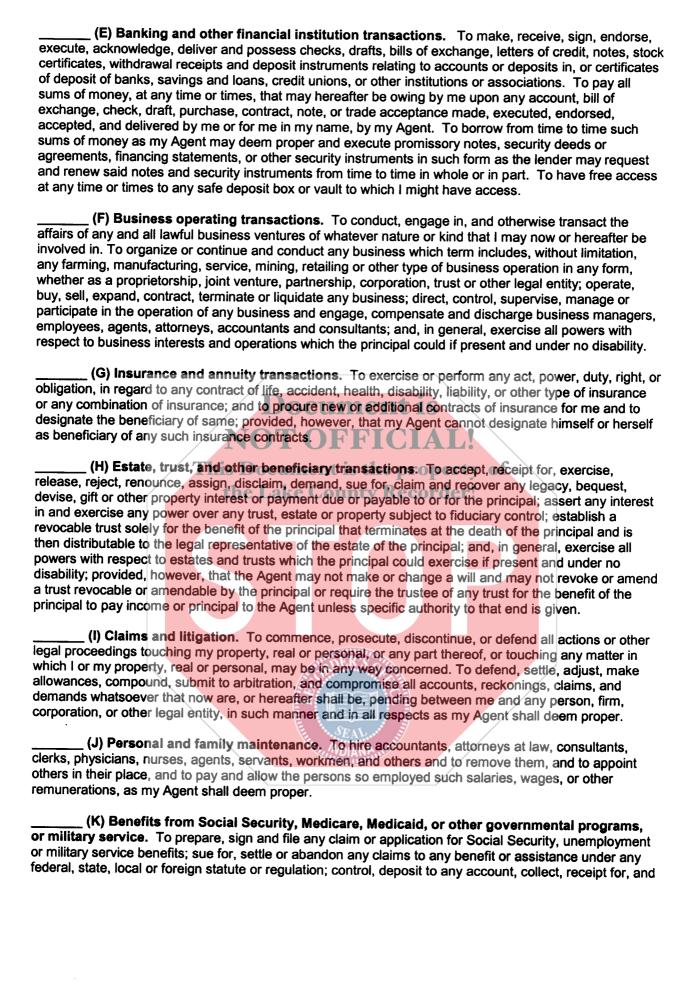
(B) Tangible personal property transactions. To lease, sell, mortgage, purchase exchange and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or mangible or interest 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 mature pleat with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest the sain way 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 of Other Carlos any business, association, corporation, partnership, or other legal entity, whether Critals or public 79 business.

(D) Commodity and option transactions. To buy, sell, exchange, assign, convey, settle and exercise commodities futures contracts and call and put options on stocks and stock indices traded on a regulated options exchange and collect and receipt for all proceeds of any such transactions; establish or continue option accounts for the principal with any securities or futures broker; and, in general, exercise all powers with respect to commodities and options which the principal could if present and under no

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take title to and hold all benefits under any Social Security, unemployment, military service or other state, 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	anv
type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified per	nsion.
profit sharing, stock bonus, employee savings and other retirement plan, individual retirement acco	unt.
deferred compensation plan and any other type of employee benefit plan); select and change paym	ent
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 u	nder
any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement	nent
plans and retirement plan account balances which the principal could if present and under no disab	ility

(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.

YOU INITIAL LINE (N).

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.

(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.

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 29th day of August, 2008 Alugust Hayes				
jeans & Hayes				
SIGNATURE OF GLADYS G. HAYES, PRINCIPLE				
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC				
STATE OF INDIANA COUNTY OF LAKE				
This document was acknowledged before me on August 29 was by Wachys B. Hay a (principal).	<u> </u>			
[Notary Seal, if any]: Document is				
NOTOFFICE				
This Document i (Signature of Notarial Officer)				
the Lake County Recorder! Notary Public for the State of Indiana				
My commission expires: 2/28/2016				
ACKNOWLEDGMENT OF AGENT				
BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.				
CHARLES H. GIVENS				
PRINTED NAME OF CHARLES H. GIVENS, AGENT				
Charles H. GIVENS, AGENT				
THE STATE OF THE OWNER OWNER OF THE OWNER				

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Gladys G. Hayes the "Principle," a legal resident, of Merrillville, Indiana, herewith appoint Charles H. Givens, my, next of kin a legal resident of Merrillville, Indiana as my "Attorney-in-Fact", to act in the place and stead and with the same authority as I, Gladys Hayes would to do the following acts:

In the event of my incapacity, to act in my place regarding any and all health care decisions for me, including the type of treatment, location of treatment, and in addition, the right to refuse or decline life prolonging treatment and to direct that any care which I receive be solely to alleviate pain and/or suffering.

My attorney shall have the power of substitution.

This is a durable Power of Attorney and shall not terminate upon my incapacity.

This Power of Attorney shall be in effect from August 29, 2008 to October 1, 2012. However, should I be

incapacitated or incompetent at the time stated for expiration August , 2012, this Power of Attorney shall extend until I am no longer incapacitated.					
1 glan	Ryon-Gr- 7	Charles H. Divens			
Signature of Principle Gladys G. Hayes Signature of Attorney Charles H. Givens					
Gladys Q. HAYES NOT CHARLES H. GIVENS					
Printed Name of P	Principle Gladys G. Hayes	Printed Name of Attorney Charles H. Givens			
	"I AFFIRM, UNDER THE PENALTIES	County Recorder!			
State of Indiana	ABLE CARE TO REDACT EACH	MENT.			
County of Lake	PREPARED BY:				
On this 27th day of August, 2008, before me, Bon The Torgan, a Notary in the County of Lake,					
State of Indiana appeared Gladys Hayes and Charles Givens personally known to me, or proved to me on a basis of					
satisfactory evidence, to be the persons whose names are subscribed to within this instrument and acknowledged to me that					
they executed the same in their authorized capacities, and that by their signatures on this instrument executed this Power of Attorney for the purposes set forth herein.					
Signature of Nota	July	My commission expires 2 \(\beta \text{8} \beta \text{4} \)			
Printed Name of N	JOSDAN Notary	Affirmed Known X Produced ID Type of ID			