THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF	4
CHUES (GRANTOR)	Linay)
Compared to	121
(ATTORNEY-IN-FACT)	LAMORE
	i a saanaa aagaang ga ah
The undersigned hereby nominates, constitutes and appoints	
whose address is as my true and lawful attorney-in-fact to do and perform for me and in my name the following:	
[Strike any paragraph not applicable]	0
(1) Banking and Financial Transactions — (a) To open accounts, in my name or on trust company, savings and loan company, insurance company, credit union, or any other by and to deposit into such accounts, or into accounts now existing or hereafter established checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belong limited to, checks or drafts issued by the Treasurer of the United States or department or agency of the United States Government or by the Treasurer or similar other official, bureau, department or agency—of any State, municipality—or other government of sign such documents as may be required in connection with deposit into any or checks, withdrawals, drafts, receipts or other documents as may be required in connection with deposit into any or checks, withdrawals, drafts, receipts or other documents as may be required in connection with deposit into any or checks, withdrawals, drafts, receipts or other documents as may be required in connection with deposit into any or checks, withdrawals, drafts, receipts or other documents as may be required in connection with deposit into any or checks, withdrawals from or receipt of such accounts; and (d) to have access to and to remove contained or held in the following safety deposit box: Box No	anking or savings institution, and in my name, any money, onging to me, including but any other official, bureau, official of any state, or any ment body; and to disburse, o make such endorsements of such accounts; (c) to sign action with disbursement or any other person. ACHIEVAL AND THE STATE OF THE
(4) Conduct of Busines — (a) To mana my property and to conduct my busines limited to; leaving maging manufacturing real or personal property which I may and hold possession of any real estate, monies, goods, chattels, debts, or any other to an interest; and (c) to pay, discharge or compromise any of my debts or other obligations. (5) Securities Transactions — (a) To purchase or otherwise acquire and to sell or other including but not limited to, stocks, bonds, notes, and other securities or evidences of in and on such terms as my attorney-in-fact may determine; (b) to vote any such securities or by proxy; and (c) to receive dividends and other distributions on such securities. (6) Transfer of Interest in Real Estate — To sell, convey, lease, grant an option to prefer, for such consideration and upon such terms as my attorney-in-fact shall deem added for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract in such manner and form as may be necessary or required for my attorney-in-fact to my interest in the following described real estate: [Strike (a) or (b).]	ching in which I may have erwise dispose of, securities, debtedness, all at such price ties in my name, in person urchase, or otherwise transpisable, including a contract and any other document(s)
(a) Any and all real estate in which I now hold, or may hereafter acquire, an int	erest.
(b) Only the real estate commonly known as	
	County,
Indiana and legally described as follows, to-wit:	14 ¹² County, 4986 OM 002870
FILED	0111 002870
	E. E.
APR 17 2009	
DECL A DATA BUCA STATOMA	

PEGLIC HOLINGA KATONA LAKE COUNTY AUDITOR

William J. Green

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument. Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives. If protective proceedings for my person and/or estate shall be commenced, I hereby nominate -_ as Guardian(s) of my person and as Guardian(s) or Conservator(s), as the case may be, of my estate, to serve without bond to the full extent permitted by law.

The following named banks, savings and loan associations, investment firms, and/or other persons, firms or corporations listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation: **Holding Institution Account Number** Type of Account All other persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of _____ _____ County, State of Indiana. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute a durable power of attorney under the Indiana Uniform Durable Power of Attorney Act. B: This Power of Attorney shall automatically terminate and become null and void on , but shall not be affected by my disability or incapacity prior to such date. This Power of Attorney shall not be affected by lapse of time, but shall automatically terminate and become null and void upon my disability or incapacity. 1ent 1s the property of D. This Power of Attorney shall automatically terminate and become null and void on (DATE) _, or upon my disability or incapacity, whichever shall first occur. counterparts, each of Signed this . which shall be considered an original. Counterpart No. GRANTOR STATE OF INDIANA COUNTY OF PORTER Before me, the undersigned, a Notary Public in and for said County and State, this _, 19-2001, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, 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. My Commission Expires: 1/Ay 2, 2014 Murilyn Jane Finan This instrument prepared by ____ _, Attorney at Law. I affirm, under the penalties for partury, that I have taken reasonable care to reduct each social scourity number in this document, unless required by law. COPYRIGHT THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC.