

4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 046247

2009 JUL -8 AM 10:18

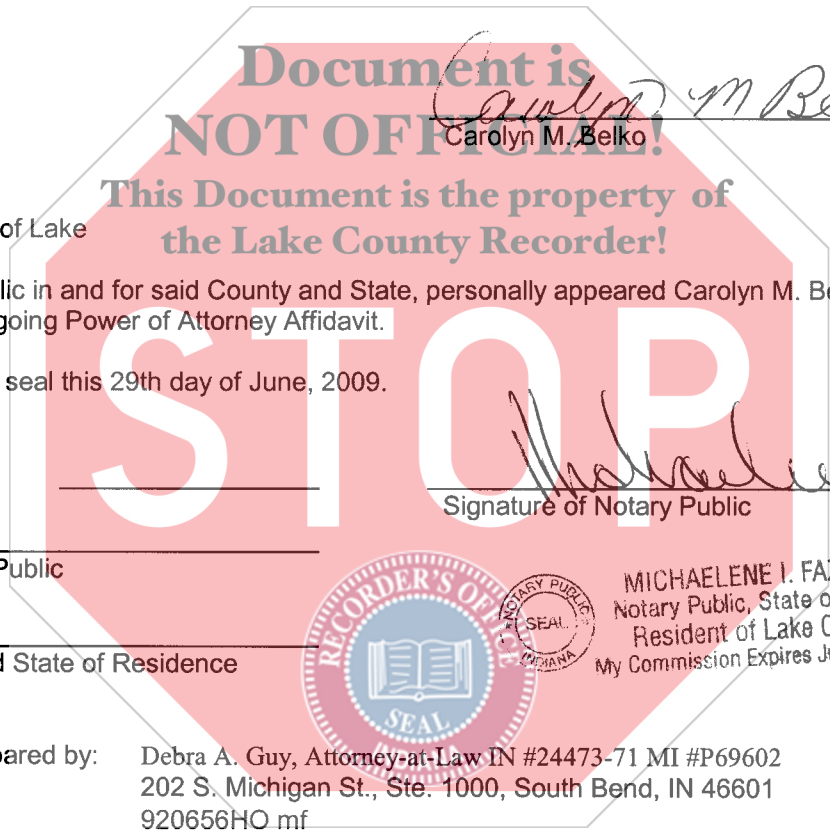
MICHAEL A. BROWN  
RECORDER

POWER OF ATTORNEY AFFIDAVIT

Carolyn M. Belko, being first duly sworn upon oath deposes and says that:

1. That I am acting for and on behalf of Jeremy Belko, who has exercised a Power of Attorney unto me.
2. That a copy of the said Power of Attorney is attached hereto as "Exhibit A".
3. That the aforementioned Power of Attorney has not been revoked or extinguished by subsequent instrument or declaration or by the terms and conditions of the empowering instrument or by operation of law.
4. That the principal is alive, competent, of majority, and in all other manners capable of functioning on their own behalf.

The affiant further saith not.



*Carolyn M. Belko*  
Carolyn M. Belko

State of Indiana, County of Lake

Before me, a Notary Public in and for said County and State, personally appeared Carolyn M. Belko who acknowledged the execution of the foregoing Power of Attorney Affidavit.

WITNESS, my hand and seal this 29th day of June, 2009.

My Commission Expires: \_\_\_\_\_

*Michaelene I. Fazeikas*  
Signature of Notary Public

Printed Name of Notary Public \_\_\_\_\_

Notary Public County and State of Residence \_\_\_\_\_

This instrument was prepared by: Debra A. Guy, Attorney-at-Law IN #24473-71 MI #P69602  
202 S. Michigan St., Ste. 1000, South Bend, IN 46601  
920656HO mf

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] *Michaelene I. Fazeikas*

NOTE: The individual's name in affirmation statement may be typed, hand written or a signature.

920654

HOLD FOR MERIDIAN TITLE CORP

*mt*  
*21*  
*AB*

**FILED**

011162

JUL 07 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**General Durable Power of Attorney  
Effective Upon Execution**

I, Jeremy Belko, a resident of 841 Water Street, Hobart, Lake County, Indiana; Social Security Number [REDACTED] [REDACTED] designate Marc T. and/or Carolyn M. Belko, presently residing at 1126 W 72nd Lane, Merrillville, Lake County, Indiana, as my attorney in fact (referred to as "the Agent") on the following terms and conditions:

- 1) **Authority to Act.** The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare.
- 2) **Powers of Agent.** The Agent shall have the full power and authority to manage and conduct all of my affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:
  - i) **Collect and Manage.** To collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of my real or personal property or any interest therein;
  - ii) **Buy and Sell.** To purchase, sell, mortgage, grant options, or otherwise deal in any way in any real property or personal property, tangible or intangible, or any interest therein, upon such terms as the Agent considers proper, including the power to buy United States Treasury Bonds that may be redeemed at par to pay federal estate tax and to sell or transfer Treasury securities;

- iii) **Borrow.** To borrow money, to execute promissory notes therefor, and to secure any obligation by mortgage or pledge.
- iv) **Business and Banking.** To conduct and participate in any kind of lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy sell agreement; to receive and endorse checks and other negotiable paper, deposit and withdraw funds (by check or withdrawal slips) that I now have on deposit or to which I may be entitled in the future in or from any bank, savings and loan, or other institution;
- v) **Tax Returns and Reports.** To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service;
- vi) **Safe Deposit Boxes.** To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein;
- vii) **Proxy Rights.** To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold;

viii) **Legal and Administrative Proceedings.** To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein;

ix) **Transfers in Trust.** To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit;

x) **Delegation of Authority.** To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines;

xi) **Restrictions on Agent's Powers.** Regardless of the above statements, my agent (1) cannot execute a will, a codicil, or any will substitute on my behalf; (2) cannot change the beneficiary on any life insurance policy that I own; (3) cannot make gifts on my behalf; and (4) may not exercise any powers that would cause assets of mine to be considered taxable to my agent or to my agent's estate for purposes of any income, estate, or inheritance tax, and (5) cannot contravene any medical power of attorney I have executed whether prior or subsequent to the execution of this Power of Attorney.

3) **Durability.** This durable Power of Attorney shall be irrevocable until the trust corpus is surrendered by the trustees, shall not be affected by my death or disability except as provided by law, and shall continue in effect after the surrender of the trust corpus until my death or until revoked by me in writing.

- 4) **Reliance by Third Parties.** Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.
- 5) **Indemnification of Agent.** No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.
- 6) **Original Counterparts.** Photocopies of this signed Power of Attorney shall be treated as original counterparts.
- 7) **Revocation.** I hereby revoke any previous Power of Attorney that I may have given to deal with my property and affairs as set forth herein.
- 8) **Compensation.** The Agent shall be reimbursed for reasonable expenses incurred while acting as Agent and may receive reasonable compensation for acting as Agent.



Dated: 3-24-09

[Signature]  
[NAME]

Signed in the presence of:

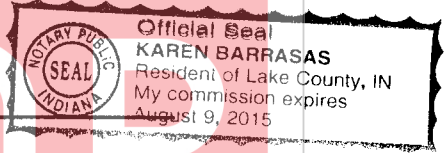
[Signature]  
[WITNESS]

[Signature]  
[WITNESS]

Subscribed and sworn to before me on [DATE]. 3-24-09

Lake IN This Document is the property of Notary Public,  
[COUNTY, STATE] the Lake County Recorder!

[Signature]



My commission expires 8-9-2015

