

**POWER OF ATTORNEY**

411909

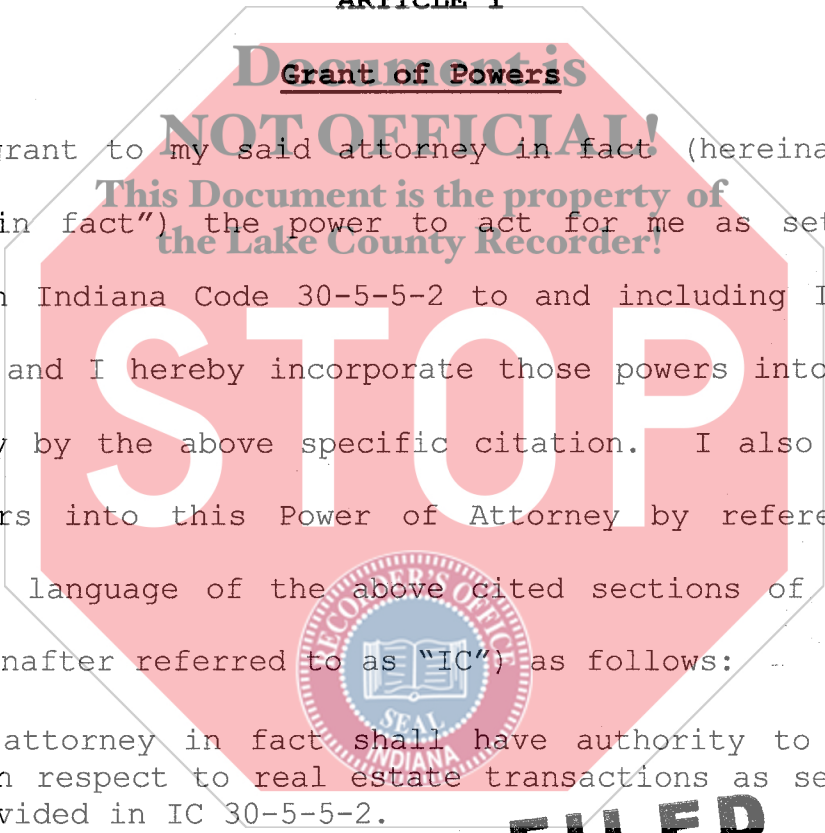
I, Mariann Jackson, of Dyer, Indiana, hereby appoint William J. Jackson, whose address is 2616 Monaldi Parkway, Dyer, Indiana 46311, as my attorney in fact, to do and perform for me and in my name the acts and things more specifically described in Article I of this Power of Attorney (hereinafter referred to as "instrument" or "Power of Attorney"), all subject to the terms and conditions of Article II through and including Article V of this Power of Attorney.

**ARTICLE I**

**Grant of Powers**

A. I grant to my said attorney in fact (hereinafter called "attorney in fact") the power to act for me as set forth and provided in Indiana Code 30-5-5-2 to and including Indiana Code 30-5-5-17, and I hereby incorporate those powers into this Power of Attorney by the above specific citation. I also incorporate those powers into this Power of Attorney by reference to the descriptive language of the above cited sections of the Indiana Code (hereinafter referred to as "IC") as follows:

1. My attorney in fact shall have authority to act for me with respect to real estate transactions as set forth and provided in IC 30-5-5-2.



2009 04 7 3 64

2009 JUL 03 AM 11:00

MICHAEL A. BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER

#22  
CM  
CA

**FILED**

JUL 08 2009

COMMUNITY TITLE COMPANY  
FILE NO 41909  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

005483

2. My attorney in fact shall have authority to act for me with respect to tangible personal property as set forth and provided in IC 30-5-5-3.
3. My attorney in fact shall have authority to act for me with respect to bond, share and commodity transactions as set forth and provided in IC 30-5-5-4.
4. My attorney in fact shall have authority to act for me with respect to banking transactions as set forth and provided in IC 30-5-5-5.
5. My attorney in fact shall have authority to act for me with respect to business operating transactions as set forth and provided in IC 30-5-5-6.
6. My attorney in fact shall have authority to act for me with respect to insurance transactions as set forth and provided in IC 30-5-5-7.
7. My attorney in fact shall have authority to act for me with respect to beneficiary transactions as set forth and provided in IC 30-5-5-8.
8. My attorney in fact shall have authority to act for me with respect to gift transactions as set forth and provided in IC 30-5-5-9.
9. My attorney in fact shall have authority to act for me with respect to fiduciary transactions as set forth and provided in IC 30-5-5-10.
10. My attorney in fact shall have authority to act for me with respect to claims and litigation as set forth and provided in IC 30-5-5-11.
11. My attorney in fact shall have authority to act for me with respect to family maintenance as set forth and provided in IC 30-5-5-12.
12. My attorney in fact shall have authority to act for me with respect to benefits, if any, from military service as set forth and provided in IC 30-5-5-13.

13. My attorney in fact shall have authority to act for me with respect to records, reports and statements as set forth and provided in IC 30-5-5-14.

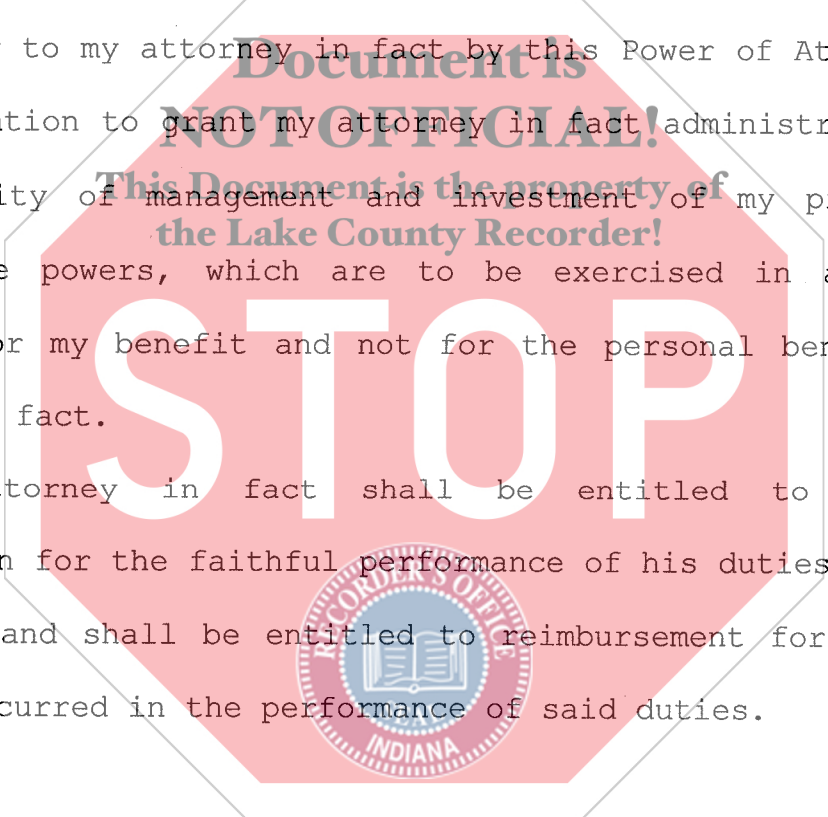
14. My attorney in fact shall have authority to act for me with respect to estate transactions as set forth and provided in IC 30-5-5-15.

15. My attorney in fact shall have authority to act for me with respect to delegating authority as set forth and provided in IC 30-5-5-18.

16. My attorney in fact shall have authority to act for me with respect to all other matters as set forth and provided in IC 30-5-5-19.

B. It is not my intention to grant any beneficial interest in my property to my attorney in fact by this Power of Attorney. It is my intention to grant my attorney in fact administrative power and authority of management and investment of my property and health care powers, which are to be exercised in a fiduciary capacity for my benefit and not for the personal benefit of my attorney in fact.

My attorney in fact shall be entitled to reasonable compensation for the faithful performance of his duties under this instrument and shall be entitled to reimbursement for reasonable expenses incurred in the performance of said duties.



**ARTICLE II**

**Effective Date**

A. This Power of Attorney shall become effective upon execution, and shall not be affected by my subsequent disability or incapacity.

B. Any person to whom this Power of Attorney is presented shall be fully protected and free from all liability pertaining to their activities taken in reliance upon this Power of Attorney, and they shall have no duty whatsoever to inquire into the accuracy of any matter set forth in this Power of Attorney unless such person has actual knowledge (not constructive knowledge) of the inaccuracy of any such matter.

**ARTICLE III**

**This Document is the property of  
the Lake County Recorder!**

**Nomination of Guardian**

If proceedings are ever initiated for the appointment of a guardian, conservator or similar representative for my person and/or my estate, I hereby nominate the person then acting as my attorney in fact under this Power of Attorney to be appointed to that office.

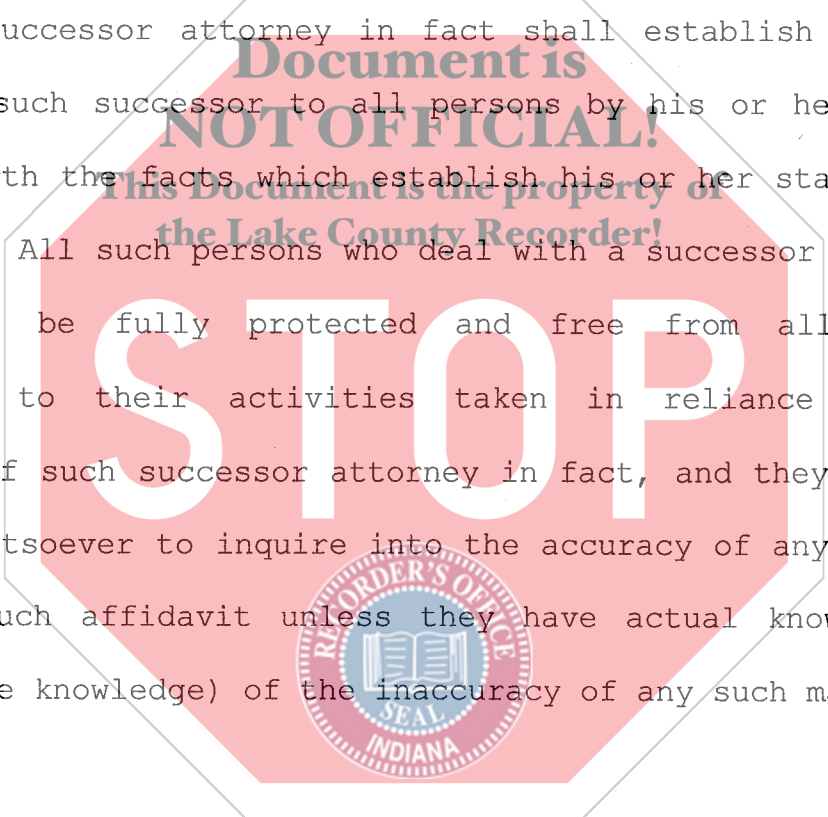
ARTICLE IV

Successor Attorney in Fact

A. In the event William J. Jackson resigns, dies, declines to serve, ceases to serve or becomes incapable of serving as my attorney in fact, I hereby appoint William J. Jackson, Jr. as my successor attorney in fact.

B. Each successor attorney in fact shall have all the duties, powers and authority of the original attorney in fact.

C. A successor attorney in fact shall establish his or her status as such successor to all persons by his or her affidavit setting forth the facts which establish his or her status as such successor. All such persons who deal with a successor attorney in fact shall be fully protected and free from all liability pertaining to their activities taken in reliance upon such affidavit of such successor attorney in fact, and they shall have no duty whatsoever to inquire into the accuracy of any matter set forth in such affidavit unless they have actual knowledge (not constructive knowledge) of the inaccuracy of any such matter.



ARTICLE V

Miscellaneous Provisions

A. Any act or thing lawfully done hereunder by my attorney in fact shall be binding on me, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until actual knowledge thereof shall have been received by my said attorney.

B. This Power of Attorney shall be interpreted and governed in accordance with Indiana law.

C. I hereby revoke all prior grants of power of attorney.

IN WITNESS WHEREOF, I have signed this Power of Attorney this 19 day of June, 2009.

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

GRANTOR:  
*Mariann Jackson*  
MARIANN JACKSON

STATE OF INDIANA     )  
                                  )    SS:  
COUNTY OF LAKE        )

BEFORE ME, the undersigned, a Notary Public in and for said County and State, this 19<sup>th</sup> day of June, 2009, personally appeared the principal named above, signed this Appointment of Health Care Representative and 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 written above.



LISA J. LEGEL, NOTARY PUBLIC

My commission expires: 10/17/2017

Resident of LAKE County

THIS INSTRUMENT PREPARED BY:

WILLIAM T. ENSLEN/6722-45  
ENSLEN, ENSLEN & MATTHEWS  
142 Rimbach  
Hammond, Indiana 46320  
(219) 931-1700

