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**POWER OF ATTORNEY
OF
PHYLLIS S. HAEHNEL**

2009 079934

**ARTICLE I
DESIGNATION OF AGENT**

I, **PHYLLIS S. HAEHNEL**, of Lake County, State of Indiana, being a mentally competent adult, do hereby designate and appoint **MARI B. RYBICKI** of Lake County, State of Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, and personal decisions for me in my name, place and stead as authorized in this document.

**ARTICLE II
REVOCATION OF PRIOR POWERS**

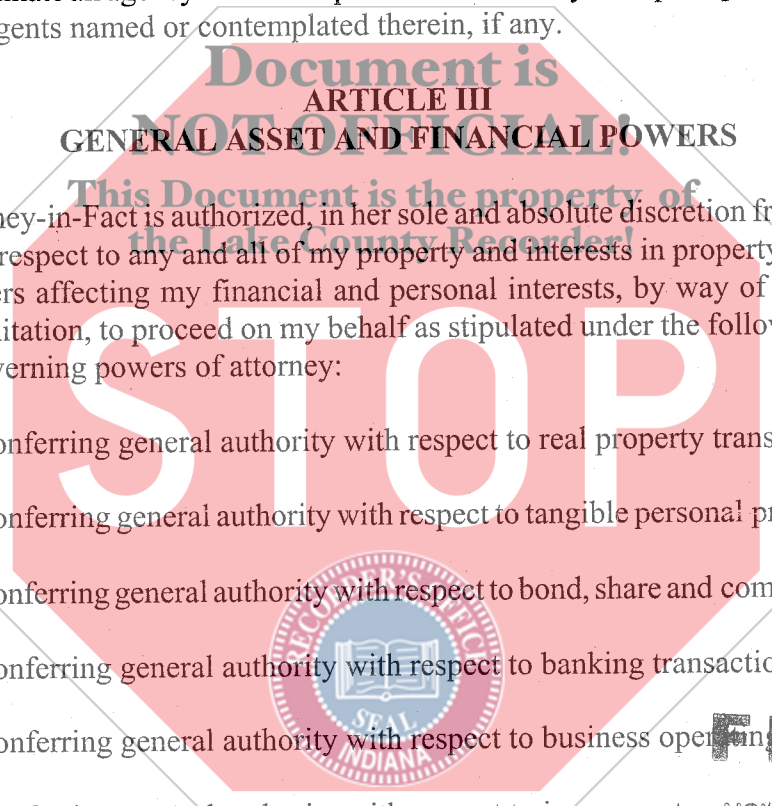
I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 DEC - 2 AM 10:48
MICHAEL A. BREWEN
RECORDER

**ARTICLE III
GENERAL ASSET AND FINANCIAL POWERS**

My Attorney-in-Fact is authorized, in her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated under the following sections of the Indiana Code governing powers of attorney:

- IC § 30-5-5-2 Conferring general authority with respect to real property transactions.
- IC § 30-5-5-3 Conferring general authority with respect to tangible personal property transactions.
- IC § 30-5-5-4 Conferring general authority with respect to bond, share and commodity transactions.
- IC § 30-5-5-5 Conferring general authority with respect to banking transactions.
- IC § 30-5-5-6 Conferring general authority with respect to business operations transactions.
- IC § 30-5-5-7 Conferring general authority with respect to insurance transactions.
- IC § 30-5-5-8 Conferring general authority with respect to beneficial interests transactions.
- IC § 30-5-5-9 Conferring general authority with respect to gift transactions.



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REGGY HOIINGA KATONA
LAKE COUNTY AUDITOR

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COMMUNITY TITLE COMPANY
FILE NO 142133

IC § 30-5-5-10 Conferring general authority with respect to fiduciary transactions.

IC § 30-5-5-11 Conferring general authority with respect to claims and litigation.

IC § 30-5-5-12 Conferring general authority with respect to family maintenance.

IC § 30-5-5-13 Conferring general authority with respect to benefits from military service.

IC § 30-5-5-14 Conferring general authority with respect to records, reports, and statements.

IC § 30-5-5-15 Conferring general authority with respect to estate transactions.

IC § 30-5-5-18 Conferring general authority with respect to delegating authority.

IC § 30-5-5-19 Conferring general authority with respect to all other matters.

I hereby incorporate by reference all the powers granted an Attorney-in-Fact under IC §§ 30-5-5-2 to 30-5-5-19. However, I am specifically excluding IC § 30-5-5-16 conferring general authority with respect to health care powers and IC § 30-5-5-17 conferring general authority with respect to withdrawing or withholding of medical treatment on behalf of the principal from this power of attorney. I grant the powers enumerated in this power of attorney to **Mari B. Rybicki** or her successor under this document.

Document is NOT OFFICIAL!
ARTICLE IV
PROVISION APPLICABLE TO ARTICLE III
the Lake County Recorder!

With respect to Article III (general asset and financial powers), it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

Furthermore, this power of attorney and the authority I have conferred and specified under Article III above shall remain in full force and effect until such time as I may hereinafter revoke the same in writing, provided further, that the same shall not be affected by my subsequent disability, incompetence, or lapse of time.

ARTICLE V
THIRD-PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact, shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

**ARTICLE VI
NOMINATION OF GUARDIAN**

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, **MARI B. RYBICKI** hereinabove designated and appointed, to be my guardian.

**ARTICLE VII
EFFECTIVE DATE**

This power of attorney shall become effective upon my incapacity and disability wherein I am no longer able to personally handle my financial and business affairs or take care of my personal needs. I direct the named Attorney-in-Fact to secure a medical statement from my doctor with regard to my condition prior to assuming her authority under this document.

**ARTICLE VIII
MISCELLANEOUS PROVISIONS**

1. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.

2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.

3. My Attorney-in-Fact, including her heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary), and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate, arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as she shall deem appropriate. Each photocopy shall have the same force and effect as any original.

5. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

6. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this

19th day of October, 2006.

Phyllis S. HaeHNel

PHYLLIS S. HAEHNEL

245 Barbara Jean Dr.

Schererville, IN 46375

[REDACTED]

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **PHYLLIS S. HAEHNEL**, who acknowledged the execution of the foregoing General Durable Power of Attorney this 19th day of October, 2006.

WITNESS my hand and notarial seal.

My Commission Expires
July 18, 2009
Resident of Lake County

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder

Robert L. Meinzer, Jr.
ROBERT L. MEINZER, JR.
NOTARY PUBLIC

STOP



"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."

PREPARED BY: *AS*