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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 081639

2009 DEC -9 AM 10: 20

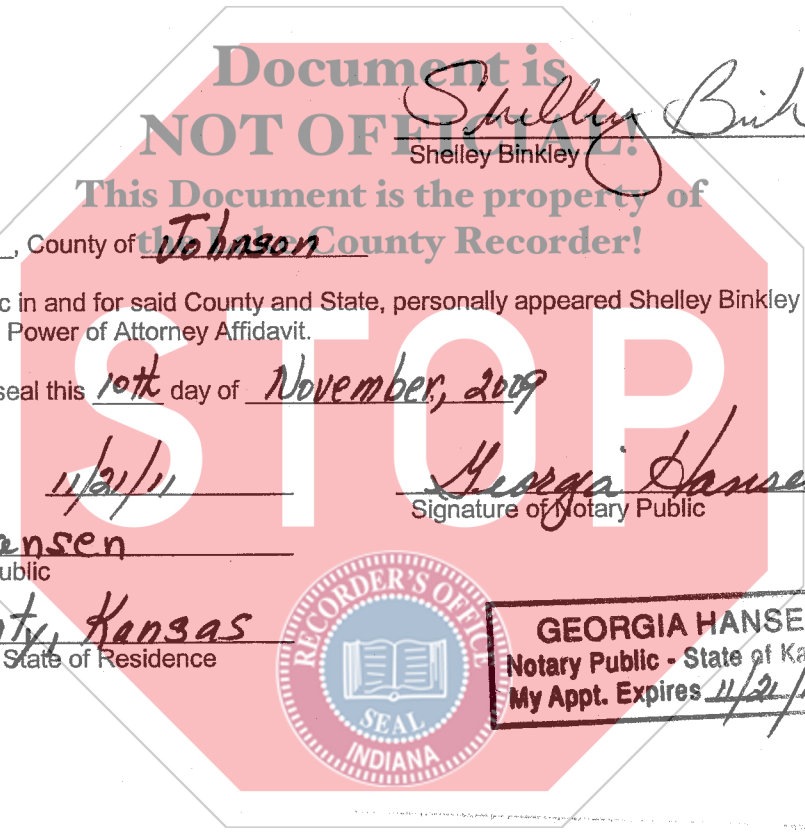
MICHAEL A. BROWN
RECORDER

POWER OF ATTORNEY AFFIDAVIT

Shelley Binkley, being first duly sworn upon oath deposes and says that:

1. That I am acting for and on behalf of Donald J. Binkley a/k/a Jerry Binkley, 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 That the aforementioned Power of Attorney has not been revoked or extinguished by subsequent instrument or declaration or by the terms and conditions of the empowering instrument or by operation of law.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.



Shelley Binkley
Shelley Binkley

State of Kansas, County of Johnson

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

WITNESS, my hand and seal this 10th day of November, 2009

My Commission Expires: 11/21/11

Georgia Hansen
Signature of Notary Public

Georgia Hansen
Printed Name of Notary Public

Johnson County, Kansas
Notary Public County and State of Residence

GEORGIA HANSEN
Notary Public - State of Kansas
My Appt. Expires 11/21/11

\$17
MT
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FILED

932293

DEC 08 2009 FILED FOR MERIDIAN TITLE CORP

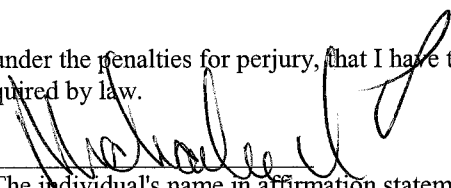
014330

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This instrument was prepared by: Debra A. Guy, Attorney-at-Law IN #24473-71 MI #P69602
309 Broadway St., Niles, Michigan 49120
932293HO 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] _____



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



GENERAL DURABLE POWER OF ATTORNEY

I, JERRY BINKLEY, of Hobart, Indiana, being at least 18 years of age and mentally competent, do hereby designate SHELLEY BINKLEY of Kansas City, Missouri, as my true and lawful attorney-in-fact. In the event that my attorney-in-fact fails or ceases to serve, I do hereby designate D. JOHN BINKLEY of Theresa, New York as my successor attorney-in-fact to act with the same general authority as is herein granted my attorney-in-fact.

I. POWERS:

The above-named attorney-in-fact shall have general authority with respect to the following, as the same are defined by Indiana Code 30-5-5 as it now exists or as it may be amended in the future:

Real property transactions, including signing deeds; Tangible personal property transactions; Bond, share, and commodity transactions; Banking transactions; Business operating transactions; Insurance transactions; Beneficiary transactions; Gift transactions; Fiduciary transactions; Claims and litigation; Family maintenance; Benefits from military service; Records, reports, and statements; Estate transactions; Health care powers including the power to consent to or refuse health care on my behalf, which power is more specifically set forth in the Appointment of Health Care Representative and Health Care Power of Attorney attached to this General Durable Power of Attorney and incorporated herein by this reference; Delegating authority; as well as all other matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

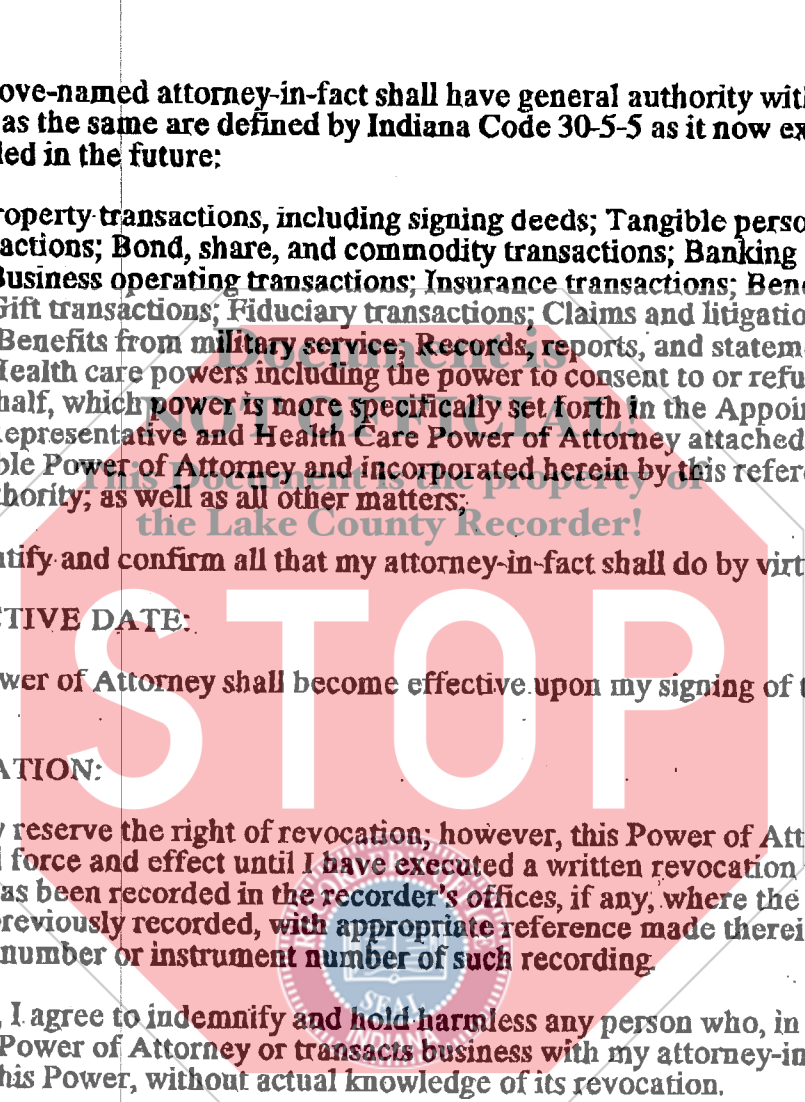
II. EFFECTIVE DATE:

This Power of Attorney shall become effective upon my signing of this document

III. TERMINATION:

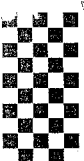
I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed a written revocation thereof and the same has been recorded in the recorder's offices, if any, where the Power of Attorney was previously recorded, with appropriate reference made therein to the book and page number or instrument number of such recording.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.



932293

HOLD FOR MERIDIAN TITLE CORP



IV. GUARDIANSHIP:

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint SHELLEY BINKLEY to serve as guardian of my person and property. If SHELLEY BINKLEY is unable to serve as guardian for any reason, I then appoint D. JOHN BINKLEY as successor guardian of my person and property.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th day of NOVEMBER, 2007.

Jerry Binkley
JERRY BINKLEY

Address: 249 West 8th Place
Hobart, IN 46342

STATE OF INDIANA

COUNTY OF PORTER

Document is NOT OFFICIAL!

SS: This Document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared JERRY BINKLEY, who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal, this 27th day of November 2007.

Jeffrey V. Cefali
Jeffrey V. Cefali, Notary Public

Residing in Porter County

State of Indiana



My Commission Expires: 1-26-09

This instrument prepared by:

Jeffrey V. Cefali, Attorney at Law
17 Main Street, Hobart, Indiana 46342

MY COMM. EXPIRES 1-26-09

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 Jammie