

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

POWER OF ATTORNEY

COPY

45-03-30-458-022-000-023

OF

Angilina Leyva

PRINCIPAL

TO

James Leyva

ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

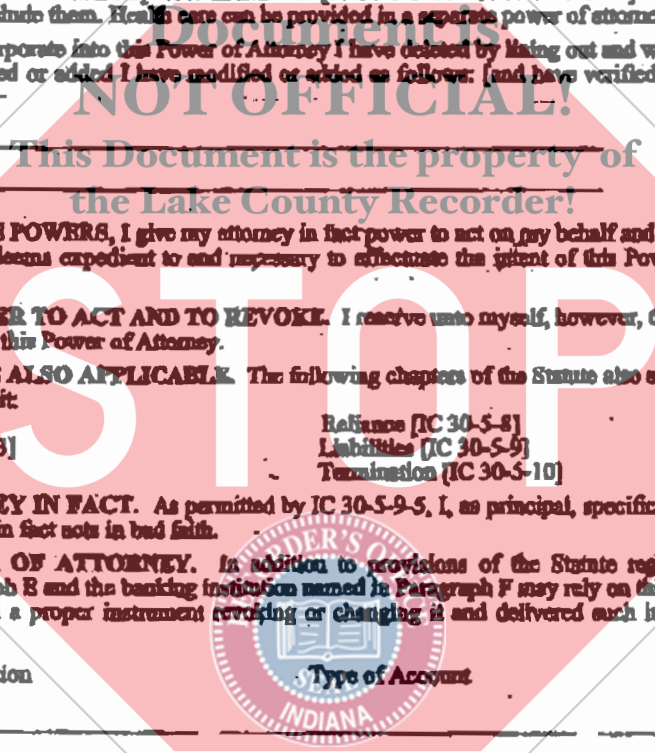
I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. **POWERS.** According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

- | | | | |
|--|-------------|-----------------------------------|--------------|
| real property transactions; | IC 30-5-5-2 | fiduciary transactions; | IC 30-5-5-10 |
| tangible personal property transactions; | IC 30-5-5-3 | claims and litigation; | IC 30-5-5-11 |
| board, share, and custody transactions; | IC 30-5-5-4 | family maintenance; | IC 30-5-5-12 |
| banking transactions; | IC 30-5-5-5 | benefits from military service; | IC 30-5-5-13 |
| business operating transactions; | IC 30-5-5-6 | records, reports, and statements; | IC 30-5-5-14 |
| insurance transactions; | IC 30-5-5-7 | estate transactions; | IC 30-5-5-15 |
| beneficiary transactions; | IC 30-5-5-8 | all other matters. | IC 30-5-5-19 |
| gift transactions; | IC 30-5-5-9 | | |

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: (and have verified by writing my initials in the space provided here in the margin):-



This Document is the property of the Lake County Recorder!

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. **RESERVATION OF POWER TO ACT AND TO REVOKE.** I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. **CHAPTERS OF STATUTE ALSO APPLICABLE.** The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

- | | |
|--------------------------------|--------------------------|
| Definitions [IC 30-5-2] | Reliance [IC 30-5-8] |
| General Provisions [IC 30-5-3] | Liabilities [IC 30-5-9] |
| Duties [IC 30-5-6] | Termination [IC 30-5-10] |

D. **LIABILITY OF ATTORNEY IN FACT.** As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. **RELIANCE ON POWER OF ATTORNEY.** In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution	Type of Account	Account Number
---------------------	-----------------	----------------

FILED

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

FEB 26 2010

051091

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

HOOR CP

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F. SAFE DEPOSIT BOX. I have a safe deposit box, Number _____

at _____
(Banking Institution) (Branch) (City)

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

G. DURATION OF POWER OF ATTORNEY. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: (in case of insufficient striking, provision applies):

- a. This Power of Attorney is not terminated by my incapacity.
- b. This Power of Attorney terminates on _____ at _____
(Date) (Time)
- c. This Power of Attorney terminates upon my incapacity or on _____ at _____
whichever first occurs. (Date) (Time)

H. REVOCATION OF PRIOR POWERS. I do ~~not~~ [strike one] revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

I. GUARDIANS. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate _____
JAMES LAYVA as guardian of my person, and _____ as guardian of my estate, to serve in each case without bond as may be permitted by law.

J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in fact I designate and name _____
n/a. Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. BINDING EFFECT. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

L. ADDITIONAL COVENANTS.

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

Signed this 16 day of January, 2004, in _____ counterparts, each of which shall be considered an original.

No changes have been made to this Allen County Indiana Bar Association form except as noted in the additional covenants or as obviously and clearly marked.

Counterpart No. _____

PRINCIPAL'S SIGNATURE _____ PRINCIPAL'S SOCIAL SECURITY NUMBER _____
909 Gostlin Hammond, IN
PRINCIPAL'S STREET OR OTHER ADDRESS PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA, COUNTY OF Lake SS: _____

Before me, the undersigned, a Notary Public in and for said County and State, this 16 day of January, 2004, personally appeared the principal named above, signed this 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 above written.

My Commission expires: 1-1-12 Signature: _____
Resident of Lake County Printed Gerald Paul Gray, Notary Public
This instrument prepared by Gerald P. Gray, Attorney at Law

Attorney Number 5446-45
© COPYRIGHT, THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC. (REV. 12/98, 4/99)

FILED

FEB 26 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

51091



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307



PHONE (219) 755-3730
FAX (219) 755-3257

Recorder

MEMORANDUM

DISCLAIMER

This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.

1. STAINED DOCUMENT AT TIME OF RECORDING _____
2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _____
3. PAGE (S) MISSING AT TIME OF RECORDING _____
4. ATTACHEMENTS MISSING AT TIME OF RECORDING _____
5. DOCUMENT TOO LIGHT AT TIME OF RECORDING _____
6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
7. DOCUMENT TORN DURING PROCESS OF RECORDING _____
8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
9. CUSTOMER INSISTING DOCUMENT TO BE RECORDED _____
10. DOCUMENT RECORDED AS IS, MAY NOT MEET STATE REQUIREMENTS.

CUSTOMER INITIALS JP DATE: 3/3/10

EMPLOYEE INITIALS RM DATE: 3/3/10