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**DURABLE POWER OF ATTORNEY**

**\*aka Michael J. Jenco**

I, MICHAEL JENCO,\*being at least 18 years of age and mentally competent, do hereby designate and appoint BRIAN G. JENCO my true and lawful attorney-in-fact, or agent.

If my agent named above is unable or unwilling to act as agent then the following shall act with all rights and responsibilities given to the original agent, in the order in which their names appear: First, DENNIS M. JENCO, then Second, SHANNA M. OPFER. Bond shall not be required of my agent(s).

45-08-01-426-013.006-004

**I. POWERS** I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Ind. Code §30-5-5. The powers given herein shall be considered limited so that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property and which would cause that property to be taxed as owned by the attorney-in-fact; it being my intention not to grant any beneficial interests in my estate by this instrument. My attorney-in-fact shall have the following powers:

STATE OF INDIANA  
LAKE COUNTY  
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MICHAEL JENCO

**Real Property.** General authority with respect to real property transactions pursuant to Ind. Code §30-5-5-2.

**Tangible Personal Property.** General authority with respect to tangible personal property pursuant to Ind. Code §30-5-5-3.

**Bonds, Commodities and Shares.** General authority with respect to bonds, commodities and shares pursuant to Ind. Code §30-5-5-4. This authority shall not include any power to purchase commodities, any power to sell short or to initiate a margin transaction and any power to purchase put or call options. This authority shall include the power to purchase United States Government obligations which are redeemable at par value in payment of estate taxes imposed by the United States Government.

**Retirement Plans.** General authority with respect to retirement plans pursuant to Ind. Code §30-5-5-4.5.

**Banking.** General authority with respect to banking transactions pursuant to Ind. Code §30-5-5-5.

**Business.** General authority with respect to business operating transactions pursuant to Ind. Code §30-5-5-6.

**Insurance.** General authority with respect to insurance transactions pursuant to Ind. Code §30-5-5-7. This authority shall not include the right to change, directly or indirectly, the beneficiary of any policy insuring my life to any natural person. This authority

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**055315 FIDELITY NATIONAL TITLE INSURANCE COMPANY**

**FILED**

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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shall include full power to apply for and otherwise deal with medicare and medicaid benefits.

Beneficiary. General authority with respect to beneficiary transactions pursuant to Ind. Code §30-5-5-8.

Gifts. General authority with respect to gift transactions pursuant to Ind. Code §30-5-5-9;

Fiduciary. General authority with respect to fiduciary transactions pursuant to Ind. Code §30-5-5-10.

Claims and Litigation. General authority with respect to claims and litigation pursuant to Ind. Code §30-5-5-11.

Family Maintenance. General authority with respect to family maintenance pursuant to Ind. Code §30-5-5-12.

Military Service Benefits. General authority with respect to benefits from military service pursuant to Ind. Code §30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Department of Veterans Affairs.

Records, Reports, and Statements. General authority with respect to records, reports, and statements pursuant to Ind. Code §30-5-5-14; including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

Estate Transactions. General authority with respect to estate transactions pursuant to Ind. Code §30-5-5-15.

Delegate. General authority with respect to delegating authority pursuant to Ind. Code §30-5-5-18.

All Other Matters. General authority with respect to all other matters pursuant to Ind. Code §30-5-5-19.

**II. GUARDIAN** If it becomes necessary to secure the appointment of a guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate probate court to appoint as my guardian or as the person to act on my behalf, the agents named herein, in the order they are listed.

**III. FEES** My attorney-in-fact shall be entitled to a fee for services provided as my attorney-in-fact.

**IV. LIABILITY AND INDEMNITY** My attorney-in-fact shall only be liable for actions undertaken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. 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.


**V. EFFECTIVE DATE AND INCAPACITY**

- A. This power of attorney shall be effective as of the date it is signed.
- B. My disability or incompetence shall not affect or terminate this Power of Attorney.
- C. This power of attorney shall terminate upon the execution and recordation with the Recorder's Office of the County of my domicile a written revocation thereof.

**VI. REVOCATION**

I hereby reserve the right to revoke this power of attorney at any time.

IN WITNESS WHEREOF, I have hereunto set my hand this 26<sup>th</sup> day of May 2009.

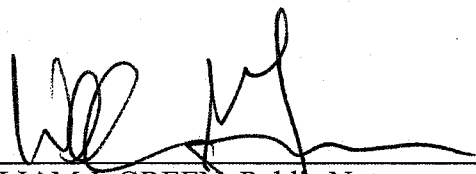
  
\_\_\_\_\_  
MICHAEL JENCO  
aka Michael J. Jenco

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STATE OF INDIANA     )  
  )  
COUNTY OF PORTER    )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared MICHAEL JENCO\* who signed the above and foregoing Durable Power of Attorney by signature or mark.                   **\*aka Michael J. Jenco**

IN WITNESS WHEREOF, I do hereby set my hand and notarial seal as of the 26<sup>th</sup> day of May 2009.

  
\_\_\_\_\_  
WILLIAM J. GREEN, Public Notary  
My Commission Expires 12/26/2015  
Resident of Johnson County

This instrument prepared by William J. Green, GREEN LAW OFFICES P.C., 15 Franklin Street, Suite 235, Valparaiso, IN 46383 (219) 548-8787.

"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." Chris Burk  
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