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GENERAL DURABLE POWER OF ATTORNEY

2010 OCT 29 10 53 22 AM
FILED FOR RECORD
LAKE COUNTY
STATE OF INDIANA

By this General Durable Power of Attorney, I, LEROY F. NICHOLSON, of Lake County, State of Indiana, being at least 18 years of age and metally competent, name an attorney in fact with power to act on my behalf pursuant to I.C. § 30-5-5-1, et.seq., as it exists now and is amended in the future.

1. APPOINTMENT:

I do hereby designate Margo L. Nicholson, of Lake County, State of Indiana, as my true and lawful attorney in fact.

2. POWERS:

I give to my attorney in fact, the powers to act for me in my name and in my place, including but not limited to the following as the same are defined under I.C. § 30-5-5-1, et seq.

Real property transactions; 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; Records, reports, and statements; Estate transactions; Health care powers; Delegating authority; as well as all other matters affecting property owned by me.

3. EFFECTIVE DATE:

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

4. TERMINATION:

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I die or have signed a written instrument of revocation identifying this Power of Attorney; however if this Power of Attorney was recorded, then the instrument of revocation must be recorded in the same Recorder's Office as this Power of Attorney was recorded and must reference the book and page or instrument number where this Power of Attorney is recorded.

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.

IN WITNESS WHEREOF, I have set my hand and seal, this 27 day of Oct., 2010.

Leroy F. Nicholson
Leroy F. Nicholson

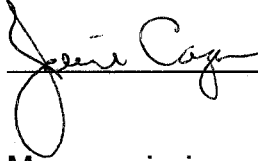
Leroy F. Nicholson
Printed Name

AMOUNT \$ 14⁰⁰
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON - COM _____
CLERK RB

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for Lake County, State of Indiana, personally appeared Leroy F. Nicholson, who acknowledged the content, purpose and execution of the foregoing Durable Power of Attorney and signed in my presence.

WITNESS my hand and Notarial seal, this 22 day of Oct., 2010.



My commission expires:

6.28.15

"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: MLN