STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 074474

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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 ENLY BE DONE BY A LAWYER.

P	O	W	ER	OF	AT	TO	RN	VEY	7

After Recording please return to:
Donna Kimbrough 1929 Modroe Come 600 to 4/2007 OF

620105149

BESSIE THOMPSON

PRINCIPAL.

TO

DONNA KIMBROUGH

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; tangible personal property transactions; bond, share, and commodity transactions; banking transactions; business operating transactions; insurance transactions; beneficiary transactions; gift transactions;	[IC 30-5-5-2] [IC 30-5-5-3] [IC 30-5-5-4] [IC 30-5-5-5] [IC 30-5-5-6] [IC 30-5-5-7] [IC 30-5-5-8]	fiduciary transactions; claims and litigation; family maintenance; benefits from military service; records, reports, and statements; estate transactions; all other matters.	[IC 30-5-5-10] [IC 30-5-5-11] [IC 30-5-5-12] [IC 30-5-5-13] [IC 30-5-5-14] [IC 30-5-5-15] [IC 30-5-5-19]
gift transactions;	TC 30-5-5-91	an onici mattors.	[1C 20-2-2-12

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 XX DEX NOCH AND A selection with the space provided here in the margin].

IC 30-5-5-16 HEALTH CARE

IC 30-5-5-17 HEALTH CARE

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]

General Provisions [IC 30-5-3]

Holding Institution

NON-COM_ CLERK_

Duties [IC 30-5-6]

Reliance [IC 30-5-8] Liabilities [IC 30-5-9] 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):

S	Type of Account	Account Number
ANY	ANY	ANY
		MI
All other persons to whom this Power of Attorexecuted a proper instrument revoking or changing it and Recorder of County,	mey may be delivered may rely or I recorded such instrument, or cause State of Indiana.	n its being in effect unless I shall have ed it to be recorded, in the Office of the
AMOUNT \$ /4		FILED
CASHCHARCE	*2	

CHECK # OVERAGE COPY.

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DEC 15 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR



(Banking Institution) (Bran I give my attorney in fact power to enter or have access to that be or jointly with any other person. I give the power also to remove box within the banking institution or at another. Powers here give by reference. G. DURATION OF POWER OF ATTORNEY. SELECT OF ALL INAPPLICABLE PROVISIONS: [in case of insufficient strik a. This Power of Attorney is not terminated by my incapa attack at the content of the content	cox and to any other safe deposit box in my name either individuall property from such box or add property to it, and to relocate such are in addition to those incorporated into this Power of Attorne NLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING king, provision a applies]:
I give my attorney in fact power to enter or have access to that he or jointly with any other person. I give the power also to remove box within the banking institution or at another. Powers here give by reference. G. DURATION OF POWER OF ATTORNEY. SELECT OF ALL INAPPLICABLE PROVISIONS: [in case of insufficient strik a. This Power of Attorney is not terminated by my incapa axxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	cox and to any other safe deposit box in my name either individuall property from such box or add property to it, and to relocate such are in addition to those incorporated into this Power of Attorne NLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING king, provision a applies]:
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a. This Power of Attorney is not terminated by my incapa	ang, provision a applies]:
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KKASARAH KAKUKANKERRANA KE KANAMARAK KENSARAH KAKUKAKERRANA KANAMARAK	CXWWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
H. REVOCATION OF PRIOR POWERS TANALLY AT A	(Time) Report revoke all powers of attorney I signed before the date of thi act performed under a prior power of attorney. In case of failure to
ay estate, to serve in each case without bond as may be permitted to	son, and DONNA KIMBROUGH as guardian o
J. SUCCESSOR ATTORNEY IN FACT. As a successor N/A Such successor	
By giving me written notice while I am not incapacitated, my any incapacity, my attorney in fact shall continue to serve until a attorney, whether designated and named in this Power of Attorney be such successor.	attorney in fact may resign or declined to serve. attorney in fact may resign or decline to serve. During a period o successor attorney in fact is authorized to act under this Power o y as such successor or selected by a court of competent jurisdiction
L. Any act or thing performed by my accessors in interest, as the Statute provides. L. ADDITIONAL COVENANTS.	attorney in fact under this Power of Attorney binds me and m
NONE	
HONE	
11th	
Signed this day of hich shall be considered an original.	, 2009 , in ONE counterparts, each or
o changes have been made to this Allen County Indiana Bar Appropriately and clearly marked.	ssociation form except as noted in the additional covenants or as
ounterpart No. 1	
10 essie I hompson	X3/08/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PRINCIPAL'S SIGNATURE	PRINCIPAL'S SOCIAL SECURITY NUMBER
1929 MONROE LANE	GARY, INDIANA 46407
PRINCIPAL'S STREET OR OTHER ADDRESS	PRINCIPAL'S CITY, STATE AND ZIP CODE
TATE OF INDIANA, COUNTY OF LAKE	SS:
Before me, the undersigned, a Notary Public in and for said Cour 2009, personally appeared the principal named above, significant of the principal named above.	nty and State, this day of
r rate uses and purpo	oses merem stated.
	tial seal the day and year last above written
v Commission expired	Journal Hoove Willien,
y Commission expires:	Signature Sewis
nis instrument prepared by ROBERT L. LEWIS, 2148 W. 1	Signature Printed P
county Commission expires: Pesident of County Attorney Number 10070-45	Signature Service Service Publication Publ

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. R. Sohovich

* ***

