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COPY

Durable General Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, That I

Virginia Kalbac

Address: 1439 Parkview Avenue, Whiting, IN 46394
Telephone Number: (219) 659-5810
Date of Birth: September 20, 1934

have made, constituted and appointed and by these presents do make, constitute and appoint, an Attorney-in-Fact to act on my behalf, pursuant to I.C. 1991, Article 30-5, as amended from time to time, as my true and lawful Attorney-in-Fact, for me and in my name, place, and stead in the State of Indiana.

1. As my Attorney-in-Fact, I name

Audrey Gibson

Address: 1421 - 215th Street, Dyer, IN 46311
Telephone Number: (219) 322-3459

2. **POWERS.** I give my Attorney-in-Fact or any Successor Attorney-in-Fact the powers specified in this section to be used on my behalf, PROVIDED that my Attorney-in-Fact shall not have any power that would cause my Attorney-in-Fact to be treated as the owner of any interest in my property, resulting from the exercise of the powers authorized herein.

REAL PROPERTY TRANSACTIONS

Authority with respect to real property transactions, pursuant to Indiana Code 1991 §30-5-5-2.

TANGIBLE PERSONAL PROPERTY TRANSACTIONS

Authority with respect to tangible personal property, pursuant to Indiana Code 1991, §30-5-5-3

BOND, SHARE AND COMMODITY TRANSACTIONS

Authority with respect to bond, share and commodity transactions, pursuant to Indiana Code 1991, §30-5-5-4.

BANKING TRANSACTIONS

Authority with respect to banking transactions, pursuant to Indiana Code 1991, §30-5-5-5.

BUSINESS OPERATIONS TRANSACTIONS

Authority with respect to banking transactions, pursuant to Indiana Code 1991, §30-5-5-6.

INSURANCE TRANSACTIONS

Authority with respect to insurance transactions, pursuant to Indiana Code 1991, §30-5-5-7, provided that references in Indiana Code 1991, §30-5-5-7(a)(2) and (3), to "Section 9" are changed to "Section 9."

COMMUNITY TITLE COMPANY

FILE NO L 44012

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MICHELLE R. HAN

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STATE OF INDIANA
LAKE COUNTY
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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BENEFICIARY TRANSACTIONS	Authority with respect to beneficiary transactions, pursuant to Indiana Code 1991, §30-5-5-8.
GIFT TRANSACTIONS	Authority with respect to gift transactions, pursuant to Indiana Code 1991, §30-5-5-9.
FIDUCIARY TRANSACTIONS	Authority with respect to fiduciary transactions, pursuant to Indiana Code 1991, §30-5-5-10.
CLAIMS AND LITIGATION	Authority with respect to claims and litigation, pursuant to Indiana Code 1991, §30-5-5-11.
FAMILY MAINTENANCE	Authority with respect to family maintenance, pursuant Indiana Code 1991, §30-5-5-12.
BENEFITS FROM MILITARY SERVICE	Authority with respect to benefits from military service, pursuant to Indiana Code §30-5-5-13.
TRANSACTIONS REGARDING RECORDS, REPORTS AND STATEMENTS	Authority with respect to records, reports and statements, pursuant to Indiana Code 1991, §30-5-5-14.
ESTATE TRANSACTIONS	Authority with respect to Estate transactions, pursuant to Indiana Code 1991, §30-5-5-15.
DELEGATION OF AUTHORITY	Authority with respect to delegating authority, pursuant to Indiana Code 1991, §30-5-5-18.
TAXES	To prepare, execute, verify, and file in my name and on my behalf, any state or federal income or gift tax return or other return, power of attorney, report, protest or instrument in connection with any tax imposed or purported to be imposed by any government, or claimed or assessed by any governmental authority; to receive confidential information and to perform any and all acts which I could perform with respect to tax matters, including power to receive refunds.
SOCIAL SECURITY, MEDICARE AND MEDICAID	To deal with the Social Security Administration, to arrange for the direct deposit of my social security benefits into a bank account standing in my name and to sign any and all documents required to accomplish such direct deposit; to apply for, and otherwise deal with, Medicare, Medicaid and any similar benefits; and to prepare, sign on my behalf, and

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file appropriate claims for reimbursement for medical expenses.

SAFETY DEPOSIT BOX(ES)

To enter at anytime to remove the content of, or to add to the contents of, any safe deposit box in my name or which I could enter, if personally present.

ALL OTHER MATTERS

Authority with respect to all other matters, pursuant to Indiana Code 1991, §30-5-5-19.

3. **PRIOR GENERAL POWERS OF ATTORNEY REVOKED.** All powers of attorney, not applicable to a specific property interest owned by me and identified in the power of attorney, executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all powers of attorney not revoked.
4. **NO FEE.** My Attorney-in-Fact shall not be entitled to a fee for services provided as my Attorney-in-Fact, but may be reimbursed for any and all reasonable expenses incurred.
5. **EFFECTIVE IMMEDIATELY.** This power of attorney shall be effective as of the date it is signed.
6. **LIMITATION ON LIABILITY.** 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 any non-health related power, if the exercise of this power involves self-dealing.
7. **REVOCATION.** I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of this county of my domicile a written revocation hereof and copy delivered to my Attorney-in-Fact, in person or by mail, return receipt requested, at the last known address, which shall be deemed delivered.
8. **GUARDIAN.** If protective proceedings are instituted on my behalf or a Guardian is requested to act on my behalf, I name my Attorney-in-Fact to act on my behalf or as my Guardian.
9. **TERMINATION ON DEATH.** Without regard to my mental or physical condition, this Power of Attorney shall continue in effect until revoked or until my death, whichever occurs first.

I executed this instrument on the 9 day of September 2010, consisting of three (3) counterparts, of which this is No. 2.

Virginia Kalbac

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