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 Attorneyin-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

POWERS. I give my Attorney-in-Fact or any-Successor Attorney-in-Fact the powers specified 2. 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, §3 5

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.

BUSINESS OPERATIONS TRANSACTIONS

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

INSURANCE TRANSACTIONS

COMMUNITY TITLE COMPANY

£ 44012

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

to "Section 9."

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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

-2-

Durable General Power of Altorney
Prepared By: Lisa K. Misner-Skozen, Alty. No. 16139-45
Skozen & Skozen, LLP
2834 - 45" Street, Suite B. Highland, IN 46322
(219) 924-7979

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.

- PRIOR GENERAL POWERS OF ATTORNEY REVOKED. All powers of attorney, not 3. 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.
- NO FEE. My Attorney-in-Fact shall not be entitled to a fee for services provided as my 4. Attorney-in-Fact, but may be reimbursed for any and all reasonable expenses incurred.
- EFFECTIVE IMMEDIATELY. This power of attorney shall be effective as of the date it is 5. 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.
- REVOCATION. I hereby reserve the right of revocation; however, this Power of Attorney shall 7. 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.
- TERMINATION ON DEATH. Without regard to my mental or physical condition, this Power 9. of Attorney shall continue in effect until revoked or until my death, whichever occurs first.

I executed this instrument on the day of Manual 2010, consisting of three (3) counterparts, of which this is No. _____ Viraimon / allow

Durable General Power of Attorney Prepared By: Lisa K. Misner-Skozen, Atty. No. 16139-45 Skozen & Skozen, LLP $2834-45^{\circ}$ Street, Suite B, Highland, IN 46322(219) 924-7979

UNDER PENALTIES FOR PERJURY, WE, the undersigned (being the Declarant and the witnesses, respectively), whose names are signed to the attached and foregoing instrument, declare:

- That the Declarant executed the instrument as her Durable General Power of Attorney. 1.
- 2. That, in the presence of all witnesses, she signed or acknowledged her signature already made or directed another to sign for her in her presence.
- That she executed the Durable General Power of Attorney as her free and voluntary act, for the 3. purposes expressed in it.
- 4. That each of the witnesses, in the presence of the Declarant and of each other, signed the Durable General Power of Attorney as witnesses.
- That the Declarant was personally known to me, and was of sound mind. 5.
- 6. That, to the best of their knowledge, the Declarant, at the time, was at least eighteen (18) years of
- 7. That they each hereby attest to the following: I am competent; I am at least eighteen years of age; I am not a parent, spouse, or child of the Declarant; I am not, to the best of my knowledge, entitled to any part of the Declarant's estate; and, I am not directly financially responsible for the Declarant's financial or medical care.

Joseph M. Skozen

2834 - 45th Street/Suite B, Highland, IN 46322

STATE OF INDIANA)

) SS:

COUNTY OF LAKE

My Commission Expires: March 21, 2014

2834 – 45th Street, Suite B, Highland, IN 46322

The undersigned, a Notary Public in and for the above County and State, residing in Lake County, Indiana, certifies and witnesses that the above signed individuals, who are personally known to me to be the same persons whose names are subscribed to this instrument, appeared before me in person and acknowledged their signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the

instrument.

Lisa K. Misner-Skozen, Notary Public

Lake County Resident

LISA K. MISNER-SKOZEN Lake County My Commission Expires March 21, 2014

> Durable General Power of Attorney Prepared By: Lisa K. Misner-Skozen, 11ty. No. 16139-45 Skozen & Skozen, LLP 2834 - 45th Street, Suite B, Highland, IN 46322 (219) 924-7979