

UNLIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, JASON DOUGLAS COLLINS, of HOBART, INDIANA, County of LAKE, do hereby make, constitute and appoint my wife: JENNIFER COLLINS, my true and lawful Attorney('s)-in-fact, for me and in my name, place and stead. **If JENNIFER COLLINS in not able to act as my Attorney-in-Fact, do to death or otherwise being incapacitated and unable to act on my behalf**, I appoint SONIA AND PATRICK McPHILLIPS, to make and endorse promissory notes; to draw, accept and endorse bills of exchange; to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments; to make and execute any and all contracts; to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities; to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy; to represent me in all matters pertaining to the business of any corporation in which I may have any interest; to receive and to demand all sums of money, debts, dues, accounts, legacies, bequest, pensions, benefits, interest, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to compromise the same; to make acquaintances or other sufficient discharges for the same; to bargain for, contract concerning, buy, sell mortgage, hypothecate, and in any and every way and manner deal in and with personal property; to execute instruments necessary for the transfer of personal property of any kind or nature whatsoever; to execute instruments to effect the transfer of title to any motor vehicle owned by me; to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter; to execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to any such taxes; to examine and request copies of any tax returns heretofore or hereafter filed by me or for and in my behalf; to take all lawful means deemed desirable by my said Attorney's-in-fact to enforce my rights or to protect my property, including the institution, prosecution, compromise and settlement of legal proceedings, in my name or otherwise; and generally

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to transact any and all business for me of any kind or nature whatsoever; to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my business or property, and with the same force and effect as though I were personally present and acting for myself; to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my health and general welfare, as well as make any and all decisions necessary to provide for any form of medical treatment for my health and general welfare, including herewith all the power to act for me, as my health care representative, as is granted in Indiana Code 16-36-1.1, et seq., with the same force and effect as though I were personally present and acting for myself; and I hereby ratify and confirm that my said Attorney's-in-fact shall do by virtue hereto. To consent to such medical examination, medical procedures, and medical treatment as, in the sole judgment of my Attorney's-in-fact, appears beneficial to me and I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, base on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn any may consent on my behalf that any or all health care be discontinued or not instituted, even if death my result. My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available. To consent to my admission to any hospital, infirmary, convalescent facility or other type care facility as, in the sole judgment of my Attorney's-in-fact, seems proper for my care, treatment or maintenance, and to sign any contract, agreements, or otherwise, necessary to effect my admission to any such of the foregoing facilities. To perform every act, deed, matter and thing necessary to provide for my personal care and well-being, including, among other things, selection of my abode, employment of companions or practical nurses, purchase or repair of my

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clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities whether legal or moral only. To create, revoke or amend trusts in my name and to transfer any of my property to the Trustee for administration of disposition in accordance with the provisions of such a Trust or the provision of any Trust that I may establish. To create, revoke, or amend any estate plan in my name and to transfer any of my property in order to carry out such estate plan, whether created by me or by my Attorney's-in-fact, whether such transfer is made to full value or less than full value.

TO ACT AS LEGAL GUARDIANS OVER MY THREE (3) CHILDREN, ZACHARY COLLINS, HAYLEY COLLINS AND TRINITY COLLINS UNTIL THE COURT CAN MAKE THEM THE PERMANENT GUARDIANS OF THESE CHILDREN.

To the extent that I am permitted by law to do so, I herewith nominate, constitute and appoint my Attorney's-in-fact to serve as my guardian, conservator and/or in any similar representative capacity, and if I am not permitted by law to so nominate, constitute and appoint, then I request the strongest possible terms that any court of competent jurisdiction which may receive and be asked to act upon a petition by any person to appoint a guardian, conservator or similar representative for me give the greatest possible weight to this request.

This Power of Attorney shall only become effective upon my disability or incapacity. The certificate of a qualified physician stating that I am unable to manage my affairs may establish my disability or incapacity for this purpose. My Attorney's-in-fact shall be fully protected and free from any liability for any payment, application or accumulation made or other action taken in reliance upon such a certificate. My disability or incapacity shall be deemed terminated when a qualified physician shall so certify. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may then be serving or eligible to serve as my Attorney's-in-fact under the Power of Attorney be appointed to that office.

It is not my intention to grant any beneficial interest in my Estate by this instrument but to grant to my Attorney's-in-fact mere administrative powers of

management, investment and custody of my Estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of a reasonable compensation for services) not for the personal benefit of my Attorney's-in-fact.

IN WITNESS WHEREOF: I have hereunto set my hand and seal, this 30 day of October, 2010.

Jason Douglas Collins
JASON DOUGLAS COLLINS

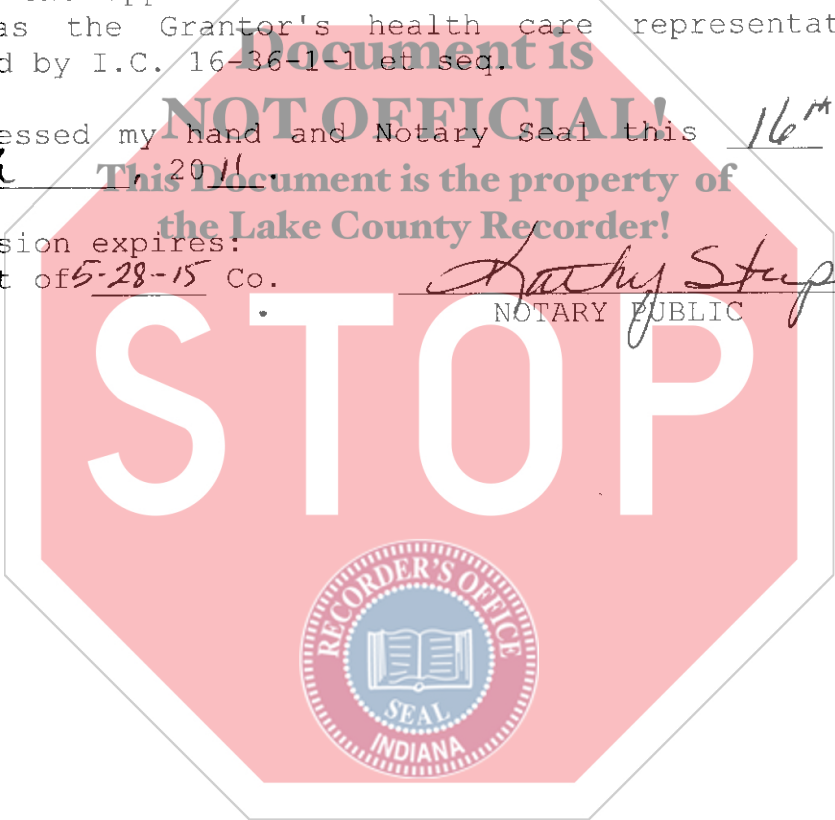
STATE OF INDIANA)
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COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State, personally appeared, **JASON DOUGLAS COLLINS**, and acknowledged the execution of the foregoing Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment of the Grantor of the Attorney-in-fact as the Grantor's health care representative as authorized by I.C. 16-36-1-1 et seq.

Witnessed my hand and Notary Seal this 16th day of March 2011

My commission expires:
A resident of 5-28-15 Co.

Anthony Stupar
NOTARY PUBLIC



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