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POWER OF ATTORNEY

1. **Appointment of Attorney-In-Fact. KNOW ALL MEN BY THESE PRESENTS,** That I, James Mitchell residing at 3967 Ohio Street, Gary, Indiana, make, constitute and appoint Glynis Deskins of 5420 Pierce Street, Merrillville, Indiana, my lawful attorney-in-fact empowering her to do any and all acts which I could do if personally present.

2. **Limitation on Attorney-In-Fact's Powers.** I intend to give my attorney-in-fact the fullest powers possible and do not intend, by enumeration of her powers to limit or reduce them in any fashion.

3. **Enumeration of Attorneys-In-Fact's Powers.** Among the powers granted to my attorneys-in-fact are:

(a) **Banking and other financial institution transactions.** To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account, bill of exchange, check, draft, purchase, contract, note, or trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my name, by my Agent. To borrow from time to time such sums of money as my Agent may deem proper and execute promissory notes, security deeds or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access.

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(b) **Receive Goods and Money.** To demand and sue for and recover and receive all debts, rents, interest, money, goods, and chattels due to or that may become due to me or which belong to me or to which I may be entitled to possession. In connection with these powers my attorney-in-fact is authorized to execute and deliver receipts, releases and assignments. My attorney-in-fact is also empowered to make, endorse, accept, or deliver in my name or her name, commercial papers, agreements, and other instruments that she deems necessary to carry out the powers granted to her by these presents.

(c) **Use of Name.** To sign my name or to sign her name on my behalf to any and all documents that require my signature.

(d) **Appear in Actions and Suits.** To appear, answer, and defend

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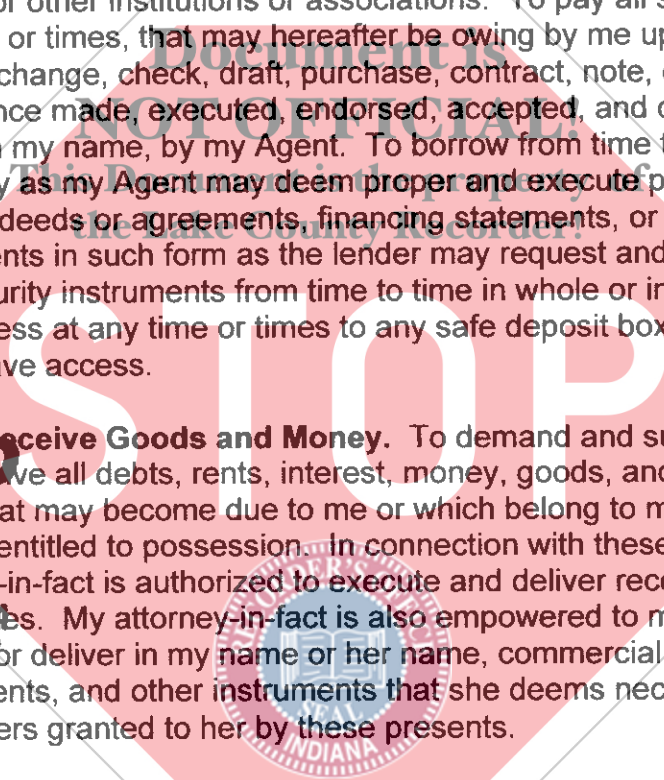
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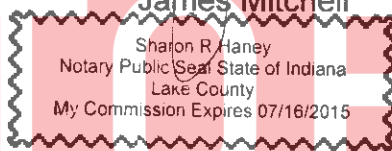


actions and suits that may be brought against me in my name, and in my stead, to compromise, settle or adjust them or any other claims against me in any manner that my attorney-in-fact deems proper.

- (e) **Manage Real Estate.** To take possession of any real estate that belongs to me or to which I may be entitled to possession and to receive any rents or profits that may be due from the real estate. In connection with these powers, my attorney-in-fact is empowered to enter into new leases for any term, renew or extend existing leases for any term, and to sell, convey, or mortgage any real estate affected by these presents. My attorney-in-fact is also empowered to commence and prosecute for me and in my name any suits or actions for the recovery of the possession of any real estate belonging to me or to which I may be entitled and for the rents and profits due from such real estate or from any other real estate which is the subject of these presents.
- (f) **Business Affairs.** My attorney-in-fact is empowered to handle all of my business affairs, including matters relating to my care whether institutionalized or otherwise.
- (g) My attorney-in-fact is empowered to make all medical decisions on my behalf.
- (h) **All Powers Granted.** Any and all powers available to me to make any decisions whatsoever are available to my attorney-in-fact.

5. **Closing Paragraph.** IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 2010.

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )



SUBSCRIBED AND SWORN to before me, a Notary Public in and for said county and state, this 3<sup>rd</sup> day of September, 2010.

*Sharon R. Haney*  
\_\_\_\_\_  
NOTARY PUBLIC  
SEAL OF INDIANA

My Commission Expires:  
7-16-2015

THIS INSTRUMENT PREPARED BY ARLENE D. COLVIN, ATTORNEY AT LAW,  
ATTORNEY #3712-45.

I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each social security number in this document, unless required by law.

*William J. Green*  
\_\_\_\_\_  
William J. Green