

2

2011 042604

2011 AUG -9 AM 10:59

MICHELE GOLDMAN
RECORDED

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 ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF
WILLIE J. LEWIS

PRINCIPAL

TO

TERESA LEWIS-GOLDMAN
ATTORNEY IN FACT

COPY

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; | [IC 30-5-5-2] | fiduciary transactions; | [IC 30-5-5-10] |
| tangible personal property transactions; | [IC 30-5-5-3] | claims and litigation; | [IC 30-5-5-11] |
| bond, share, and commodity transactions; | [IC 30-5-5-4] | family maintenance; | [IC 30-5-5-12] |
| banking transactions; | [IC 30-5-5-5] | benefits from military service; | [IC 30-5-5-13] |
| business operating transactions; | [IC 30-5-5-6] | records, reports, and statements; | [IC 30-5-5-14] |
| insurance transactions; | [IC 30-5-5-7] | estate transactions; | [IC 30-5-5-15] |
| beneficiary transactions; | [IC 30-5-5-8] | all other matters. | [IC 30-5-5-19] |
| gift transactions; | [IC 30-5-5-9] | | |

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

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 to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

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] | Reliance [IC 30-5-8] |
| General Provisions [IC 30-5-3] | Liabilities [IC 30-5-9] |
| Duties [IC 30-5-6] | 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):

Holding Institution	Type of Account	Account Number
ANY	ANY	ANY

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of LAKE County, State of Indiana.

AMOUNT \$ 13
 CASH CHARGE
 CHECK # _____
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK AD

