LANE OF INDIANG LANE COUNTY FILED FOR RECORD

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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**

	WII	OF LLIE J. LEWIS	5		
@@@ <i>\</i> \\		PRINCIPAL			
COPY		ТО			
		A LEWIS-GOLD			
made	A7 under Indiana Code 30-5,	TTORNEY IN FA		ed (the "Statu	ta")
I, as principal, designate and n		•	•	'	ie )
• • •	the Statute, an attorney in ing to the language of the	fact has a power per statute describing	granted under I	© 30-5 if the	power of attorney incorporates torney incorporates into it the
real property transactions; tangible personal property trans- bond, share, and commodity transactions; business operating transactions; insurance transactions; beneficiary transactions; gift transactions; [Note: Though the Statute granthis Power of Attorney does not	IC 30-5-5-4 [IC 30-5-5-5] [IC 30-5-5-6] [IC 30-5-5-7] [IC 30-5-5-8] [IC 30-5-5-9] Its powers with respect to	claims and li family maint benefits from records, repo estate transac all other mat health care IIC 30	tigation; enance; i military service erts, and statement etions; ters perty	[IC 3 [IC 3 e; [IC 3 enis; [IC 3 IC 3 30-5-5-17]	0-5-5-10] 0-5-5-11] 0-5-5-12] 0-5-5-13] 0-5-5-14] 0-5-5-15] 0-5-5-19] and delegation [IC 30-5-5-18]
Y	ncorporate into this Power added I have mo	r of Attorney I hav	ve deleted by li	ning out and	writing my initials opposite the
IN FURTHERANCE OF THE those things which such attorn could do for myself.	ESE POWERS, I give my bey deems expedient to an	attorney in fact paid necessary to ef	ower to act on fectuate the in	my behalf an ent of this P	d to do for me and in my nam ower of Attorney, as fully as
B. RESERVATION OF PO behalf and also to revoke or am	OWER TO ACT AND To lend this Power of Attorne	O <b>REVOKE.</b> 1 re	serve unto mys	elf, however	the power to act on my own
C. CHAPTERS OF STATE Attorney and acts performed un Definitions [IC 30-5-2] General Provisions [IC 3 Duties [IC 30-5-6]	nder it:	Relia EA Liabi	chapters of the nce [IC 30-5-8 lities [IC 30-5- ination [IC 30-	] 9]	apply to this Power of
D. LIABILITY OF ATTO in fact is liable only if my attor	PRNEY IN FACT. As per new in fact acts in bad fait	ermitted by IC 30 h.	-5-9-5, I, as pri	ncipal, specif	fically provide that my attorne
•	WER OF ATTORNEY. agraph E and the banking	In addition to institution named	in Paragraph F	may rely on	egarding reliance, the holdin this Power of Attorney being i instrument, or caused it to b
Holding In	stitution	Туре	of Account		Account Number
AN	¥		ANY		ANY
All other persons to executed a proper instrument.  Recorder of LAKE	revoking or changing it as	nd recorded such	instrument, or		ng in effect unless I shall have recorded, in the Office of the
		13			
	AMOUNT \$_	13	-		
		CHARGE			
			_		

NON-COM \_\_ CLERK \_\_\_\_

F. SAFE DEPOSIT BOX. I have a safe deposit	box, Number N/A			
at XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Banking Institution)	(Branch)	(0	ity)	
I give my attorney in fact power to enter or have a or jointly with any other person. I give the power abox within the banking institution or at another. Poby reference.	access to that box and to any oth also to remove property from sowers here given are in addition	her safe depo such box or a n to those in	osit box in madd property corporated in	to it, and to relocate such ito this Power of Attorney
G. DURATION OF POWER OF ATTORNEY ALL INAPPLICABLE PROVISIONS: [in case of in	isufficient striking, provision a i	HE FOLLOW	VING PROV	TSIONS BY STRIKING
a. This Power of Attorney is not terminated	d by my incapacity	•	~~~~~~~~~	<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>
TO THE MINOS OF	(Date)	AAAA,AAAA		(Time)
achiesaruharaxyshamaxaxxamaxkamaxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXX
H. REVOCATION OF PRIOR POWERS. I de Power of Attorney. Revocation does not affect the strike, prior powers are revoked.	validity of all act performed un	nder a prior	power of atto	omey. In case of failure to
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ĦĠĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	8X8XXXX	<del>commonoce</del> ,	<b>XXXXXX</b> XXXXXXXX
THE SECOND AND THE RESEARCH AND THE SECOND S	CECCED CEDITADES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXX
XXXXX <b>SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KXXKKXXX		CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Hexagonation with a notice while Lam not income	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AXIONARES AXIONARES		<del>Manana asasana aa</del> a <del>Ma</del> xxxxxxxxxxx
Attorney, whether designated and named in this Pov	wer of Attorney as such success	sor or select	authorized t d by a court	to act under this Power of to the competent invisition.
K. BINDING EFFECT. Any act or thing per successors in interest, as the Statute provides.		t under this	Power of A	ttorney binds me and my
L. ADDITIONAL COVENANTS, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				( <b>XXXXXXXXXX</b> XXXXXXXXX
Signed this 1ST day of AU which shall be considered an original.	GUST , 2007	, in	NO	counterparts, each of
	TUNDER'S OTT			
No changes have been made to this Allen County obviously and clearly marked.	Indiana Ber Association form	except as n	pted in the a	idditional covenants or as
Counterpart No. ONE				
PROPERTY OF STATE OF	E EAL			
PRINCIPAL'S SIGNATURE	WOJANA IN PRIN	(CIPAL'S S	DCIAL SECT	URITY NUMBER
1719, HENDRICKS STREET		INDIANA		
PRINCIPAL'S STREET OR OTHER ADD		NCIPAL'S C	ITY, STATI	E AND ZIP CODE
STATE OF INDIANA, COUNTY OF LAK				
Before me, the undersigned, a Notary Public in at 2007, personally appeared the principal ne	amed above, signed this Power	of Attorney.	and acknow	y of <u>AUGUST</u> 'ledged the execution of it.
as the voluntary act and deed of the principal, for the	e uses and purposes therein state	æd.		_
IN WITNESS WHEREOF, I have hereunto set m	y hand and official seal the day	and year las	above white	ten.
My Commission expires: AUGUST 7, 2014	Signature	701	eras	Lanne
Resident of LAKE	County Printed	ROBERT L.	LEWIS	, Notary Public
This instrument prepared by <u>ROBERT L. LEWIS</u>	· · · · · · · · · · · · · · · · · · ·			<del></del>
Attorney Number 10070-45		(219) 94	4-2755	, Attorney at Law
ASSOCIATION ASSOCIATION	HE ALLEN COUNTY INDIAN	NA BAR/AS	SOCIATION	i, INC. (REV. 12/98, 4/99)
			<b></b>	***************************************

"OFFICIAL SEAL"
ROBERT L. LEWIS
Notary Public, State of Indiana
My Commission Expires Aug. 7, 2014