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POWER OF ATTORNEY

OF

DAVID A. FARLEY
(GRANTOR)

TO

MELANIE A. BOKODI
(ATTORNEY-IN-FACT)

2011 043218

The undersigned hereby nominates, constitutes and appoints MELANIE A. BOKODI whose address is 152 North Union Street, Crown Point, Indiana 46307, as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

(Strike any paragraph not applicable)

- (1) Banking and Financial Transactions--(a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to checks or drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any State, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) to make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) to sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) to have access to and to remove any or all of my property contained or held in any safety deposit box.
- (2) Motor Vehicles--To sell, lease, maintain, insure, license and re-license any motor vehicle which I may own or in which I may have an interest and to execute and deliver any instruments required to do so.
- (3) Tax Matters--(a) To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.
- (4) Conduct of Business--(a) To manage my property and to conduct my business affairs, including, but not limited to, leasing, managing and maintaining any real or personal property which I may own; (b) to recover, obtain and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in which I may have an interest; and (c) to pay, discharge or compromise any of my debts or other obligations.
- (5) Securities Transactions--(a) To purchase or otherwise acquire, to sell or otherwise dispose of, securities including, but not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in person or by proxy; and (c) to receive dividends and other distributions on such securities.
- (6) Other powers specifically designated: **Health Care**--(a) to make any and all health care decisions for me, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition; (b) to request, review, and receive any information, verbal or written, regarding my physical or mental health, including but not limited to, medical and hospital records; (c) to execute on my behalf any releases or other documents that may be required in order to obtain this information; (d) to grant consent to the disclosure of this information; (e) to implement the health care decisions that my attorney-in-fact is authorized by this document to make, my attorney-in-fact has the power and authority to execute on my behalf all of the following: documents titled or purported to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" and any necessary waiver or release from liability required by a hospital or physician.

STATE OF INDIANA
MICHAEL J. BOKODI
2011 APR 11 PM 2:24
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CROWN POINT, INDIANA

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IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, **reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.**

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Miscellaneous Records of Lake County, State of Indiana. This Power **shall not** be affected by my later incompetency.

Signed this 11th day of August, 2011; before the person named below, as witness, who has duly witnessed my signing of this instrument in four (4) counterparts, each of which shall be considered an original.

Counterpart No. 4

[Signature]
DAVID E. FARLEY, GRANTOR
152 N Union St, Crown Point IN 46307
SOCIAL SECURITY NUMBER: XX-XX-0045

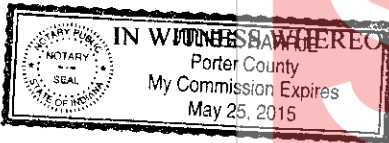
[Signature]
WITNESS TO SIGNING BY GRANTOR

STATE OF INDIANA

COUNTY OF LAKE

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public in and for said County and State, this 11th day of August, 2011, personally appeared the Grantor named above, and acknowledged the execution of the above instrument to be his/her voluntary act and deed, for the uses and purposes therein stated.



IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

[Signature]
NOTARY PUBLIC, Julie E Harige

My Commission Expires:

May 25, 2015



Resident Of: Porter County

The attorney-in-fact represents and warrants that within his/her knowledge, this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

[Signature]
MELANIE A. BOKODI, ATTORNEY-IN-FACT

This instrument prepared by STEVEN L. MULLINS, #10001-45 Attorney at Law
1000 East 80th Place, Suite 511-South, Merrillville, Indiana 46410; (219) 769-2626