

DURABLE POWER OF ATTORNEY

OF

JEAN E. FRIEL

2011 043536

By virtue of this document, I the undersigned, Jean E. Friel, presently domiciled and residing at 1148 North Shelby Street, Gary, Lake County, Indiana 46403, phone: (219) 938-6142 (home), hereby revoke any existing powers of attorney and do now appoint my son, Daniel J. Friel (spouse of Christine Friel), presently domiciled and residing at 621 Graham, Chesterton, Porter County, Indiana 46304, phone: (219) 926-1637 (home) and (219) 938-0990 (work), as my lawful attorney-in-fact for me. The pronouns "he," "him" or "his" are understood to mean Daniel J. Friel, and replace the term "attorney-in-fact" in the provisions of this document. He may act in my name, place, stead, and on my behalf for my use and benefit in all of the following:

STATE OF INDIANA
LAKE COUNTY
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1) He is empowered to ask for, demand, sue for, recover, and receive all manner of goods, chattels, debts, rents, interest, sums of money, and demands whatsoever that are rightly due, owing or belonging to me. He may make, give and execute acquittances, receipts, releases, satisfactions, or other discharges for the same, whether under seal or otherwise.

2) He is empowered to make, execute, accept, receive, sign, seal, endorse, acknowledge and deliver in my name or in his name all checks, notes, bonds, vouchers, drafts, warrants, certificates, acknowledgments, agreements, receipts and all other written instruments of any nature which may seem necessary to protect my interests.

3) He is empowered to make, endorse, accept, receive, sign, seal, execute, acknowledge and deliver any and all contracts, deeds, leases, assignments, extensions, mortgages, satisfactions or releases of mortgage, security agreements, hypothecations, subordination agreements and any other instrument or agreement of any kind connected with these matters. This is to affect any and all property presently mine or hereafter acquired in matters which he may deem necessary or advantageous to my interests. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.)

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4) He is empowered to enter into and take possession of all or a portion of any of my lands, real estate, tenements, houses, stores or buildings that become vacant. (This also applies to any holdings to which I may be or may become entitled.) He may lease the same in such a manner as is necessary and proper, as well as renew leases. He may also collect for my use and in my name all or any rents, profits, or issues of any real estate.

5) He is empowered to conduct any and all business matters existing now and in the future that I may be empowered to conduct as shareholder, officer, partner, sole proprietor or in any other capacity.

6) He is empowered to conduct all matters existing now and in the future that I may be empowered to conduct as beneficiary of any estate and/or trust.

7) He is empowered to enter any safety deposit box bearing my name for any purpose, including, but not limited to, the removal or addition of any items.

8) If circumstances require, he may prosecute, institute, litigate, defend, maintain, continue, compromise, arbitrate, or dispose of any legal, equitable or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

9) He is empowered to take all steps and remedies necessary and proper for the conduct, preservation and management of my business affairs, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

10) He is empowered to prepare, execute and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.

11) He is empowered to buy, sell, change title, otherwise transfer ownership, and/or exercise any and all incidents of ownership including but not limited to designations of beneficiaries of any and all of my property, whether real, personal, or mixed, tangible or intangible, including but not limited to real estate, furniture and household goods, automobiles and other

types of vehicles, personal effects, collections, life insurance, securities, bonds, notes, stocks of corporations regardless of class, savings and checking accounts, qualified corporate and noncorporate retirement plans [including but not limited to pension plans, profit-sharing plans, HR-10 (Keogh) plans, Simplified Employee Pension (SEP) plans, individual retirement trust agreements and individual retirement accounts], money market funds, and certificates of deposits. He shall not, however, have any authority to deal with any insurance that I may own upon his life.

12) He is empowered to borrow money for any purpose and to mortgage or pledge any of my property.

13) He is empowered to do any and all acts related to estate and/or Medicaid planning on my behalf, including, but not limited to, the authority and power to gift in my name to himself and/or others in amounts that exceed Ten Thousand and 00/100 Dollars (\$10,000.00) per year per person.

14) He is expressly authorized to create, revoke, or amend trusts in my name and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust or the provisions of any trust that I may establish.

15) He shall be empowered to disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

16) He is empowered to disclaim gifts, inheritances, or other transfers to me.

17) He is empowered to purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and to borrow funds to make such purchases.

18) He is empowered to act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

19) He is empowered 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 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, including appropriate provision for my dependents.

20) He shall have the power and authority to do, execute, perform, and finish for me and in my name all those things expedient and necessary in his judgment regarding matters concerning my affairs, as fully as if I were personally present. I hereby confirm and ratify whatever he shall do or cause to be done in, about or concerning my affairs or any part of them.

21) This instrument is to be construed and interpreted as a general Durable Power of Attorney with respect to the following, as defined by Indiana Code 30-5-5-1, et seq. (and/or as defined by the corresponding laws of any other state or country involved with the conduct, preservation and/or management of my business and/or personal affairs if that state or country, my attorney-in-fact, and/or those involved with the conduct, preservation and/or management of my business and/or personal affairs in that state or country will not or cannot recognize and honor the laws of the State of Indiana): real property transactions; tangible personal property transactions; bond, share, and commodity transactions; banking transactions; business operating transactions; insurance transactions; beneficiary transactions; gift transactions; fiduciary transactions; claims and litigation; family maintenance; benefits from military service; records, reports, and statements; estate transactions; health care transactions including the power to consent to or refuse health care on my behalf if (and only if) my attorney-in-fact is also appointed as my health care representative in the Designation of Health Care Representative which more specifically sets forth said power and is attached to this Durable Power of Attorney and incorporated herein by this reference; delegation authority; as well as all other matters. Thus the listing of specific items, rights, acts, or powers in this document is not intended to, nor does it, limit or restrict the attorney-in-fact, and it is not to be construed or interpreted as limiting or restricting his rights, powers, and authority.

22) The provisions of this Durable Power of Attorney shall be deemed severable, and the invalidity or unenforceability of any one or more of its provisions shall not affect the validity and enforceability of any other provisions. Whenever necessary and where the context admits in this document, the singular term and the related pronoun shall include the plural, and the masculine shall include the feminine and neuter, and vice

versa. This document may be executed in any number of counterparts, and each counterpart shall be deemed to be an original instrument. The provisions of this Durable Power of Attorney shall bind and inure to the benefit of myself and my heirs, successors, assigns, and personal representatives.

23) Uncertainty concerning whether or not I have died does not revoke or terminate the powers herein granted to my attorney-in-fact if he has no knowledge of my death and acts in good faith pursuant to this Durable Power of Attorney. Any action so taken, unless otherwise invalid or unenforceable, binds and inures to the benefit of myself and my heirs, successors, assigns, and personal representatives, as if I were alive at the time the action was taken.

24) An affidavit executed by my attorney-in-fact stating that he did not have, at the time of doing an act pursuant to this Durable Power of Attorney, knowledge of revocation or termination of this Durable Power of Attorney is, in the absence of fraud, conclusive proof of the nonrevocation or nontermination of the power at that time. If the exercise of the power requires execution and delivery of any instrument which is recordable, the affidavit when authenticated for record is likewise recordable.

25) The rights, powers and authority granted to my attorney-in-fact in this instrument shall commence and be in full force and effect on the 11th day of May, 2001, and such rights, powers and authority shall remain in full force and effect thereafter until I, Jean E. Friel, give notice in writing that such power is terminated. This Durable Power of Attorney shall not be affected by my subsequent disability or incapacity, or lapse of time. 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 be serving as my attorney-in-fact under this power be appointed to that office.

26) Upon any terms or limitations specified, my attorney-in-fact may substitute another in his place as my attorney-in-fact under this instrument; remove a substitute and revoke any delegation of authority and make further substitutions and other delegations; engage and dismiss agents, counsel, or employees and appoint and remove any successor, substitute, or agent; and delegate one or more of any of the powers granted in this instrument to one or more other persons.

27) It is not my intention to grant any beneficial interests in my estate by this instrument but to grant to my attorney-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 reasonable compensation for services) not for the personal benefit of my attorney-in-fact.

28) This Durable Power of Attorney is executed and delivered in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law (and/or the corresponding laws of any other state or country involved with the conduct, preservation and/or management of my business and/or personal affairs if that state or country, my attorney-in-fact, and/or those involved with the conduct, preservation and/or management of my business and/or personal affairs in that state or country will not or cannot recognize and honor the laws of the State of Indiana).

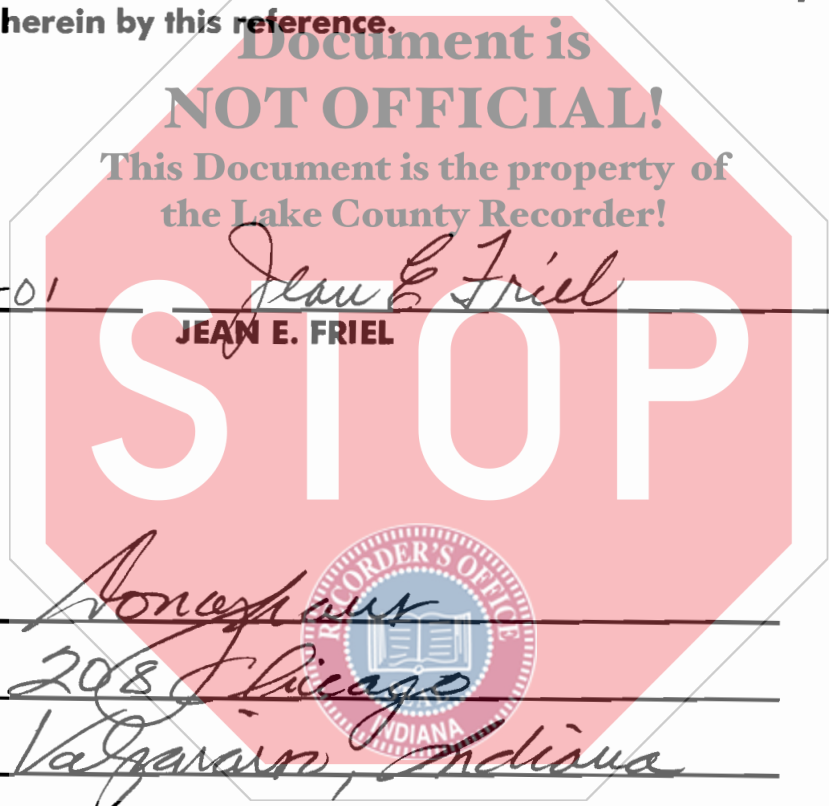
29) In the event of the death, disappearance, disability, incapacity, or resignation of my primary attorney-in-fact, the appointment of the agent(s) named below (whether one or more) as my alternate attorney(s)-in-fact shall become absolute the same as if the primary attorney-in-fact had not been appointed. The disappearance of my primary attorney-in-fact may be established by the affidavit of one or more of the agents named below. The disability or incapacity of my primary attorney-in-fact may be established by the certificate of a qualified physician stating that the primary attorney-in-fact is unable to manage his or her own affairs. Any person dealing with my alternate attorney(s)-in-fact shall be fully protected and free from liability for any payment, application, or accumulation made or other action taken in reliance upon (a) such an affidavit of disappearance, (b) such a certificate of disability or incapacity, or (c) reasonable written evidence of death or resignation. The authority of my alternate attorney(s)-in-fact shall continue and be exclusive even if the first named attorney-in-fact shall reappear after a disappearance or recover after a disability or incapacity. In the alternative, and upon any of the conditions expressed above, I appoint the following, whether one or more, and, if more than one, collectively and when acting jointly, or the survivor(s) of them, as my alternate attorney(s)-in-fact:

Julia E. Nichols (my daughter and the spouse of Gregory Nichols)
2201 Ade
Valparaiso, Porter County, Indiana 46383
Phone: (219) 548-2923 (home)

Provided that, in the event of the death, disappearance, disability, incapacity or resignation of Julia E. Nichols as my alternate attorney-in-fact, I appoint the following, whether one or more, and, if more than one, collectively and when acting jointly, or the survivor(s) of them, as my alternate attorney(s)-in-fact:

Eileen L. Gray (my daughter and the spouse of Timothy Gray)
15 South 30th Street
Lafayette, Tippecanoe County, Indiana 47905
Phone: (765) 446-8212 (home)

Notwithstanding the preceding provisions of this paragraph 29, no alternate attorney-in-fact appointed pursuant to said paragraph shall be authorized to exercise any powers as my health care representative unless said alternate attorney-in-fact is also contemporaneously appointed as my alternate health care representative pursuant to the Designation of Health Care Representative attached to this Durable Power of Attorney and incorporated herein by this reference.



DATE: 5-11-01 Jean E Friel
JEAN E. FRIEL

WITNESS: Nonexhaus
208 Chicago
Vazaram, Indiana

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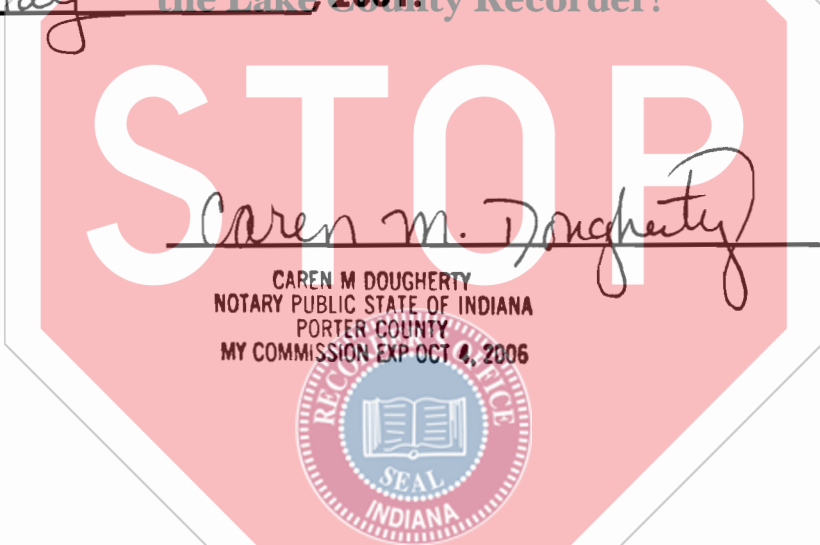
WITNESS:

Rachel P. House
1706 Calumet Ave
Valparaiso, IN.

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Jean E. Friel, known to me, and known by me to be the principal in the foregoing Durable Power of Attorney, appeared before me, a Notary Public in and for this County and State, and acknowledged her signature on the said Durable Power of Attorney while indicating that the same was given freely and voluntarily, without fraud, duress or undue influence.

WITNESS my hand and notarial seal this 11th day of May, 2001.



The attorney(s)-in-fact represent and warrant that within their knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

Daniel J. Friel

DANIEL J. FRIEL
Primary Attorney-In-Fact

JULIA E. NICHOLS
Alternate Attorney-In-Fact
(To Be Signed Only If
Alternate Becomes Attorney-
In-Fact)

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the Lake County Recorder!

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EILEEN L. GRAY
Alternate Attorney-In-Fact
(To Be Signed Only If
Alternate Becomes Attorney-
In-Fact)

This Instrument Prepared By:

Donald J. Evans
Counselor at Law
Seven Napoleon Street
Valparaiso, Indiana 46383
Phone: (219) 462-5128
Attorney Number 6746-64

