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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 CONSTRUCT THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF

IONE A. WILLIAMS

PRINCIPAL

TC

DIANNE BELL of 9380 SE 132nd Lane Road, Summerfield, FL 34491 Telephone: 352-307-7975 ATTORNEY IN FACT

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]
real property transactions; tangible personal property transactions; cument is	[IC 30-5-5-3]
bond, snare, and commodity transactions;	[IC 30-5-5-4]
	[IC 30-5-5-5]
business operating transactions;	[IC 30-5-5-6]
insurance transactions; Document is the property of	[IC 30-5-5-7]
beneficiary transactions; the Lake County Recorder!	[IC 30-5-5-8]
gift transactions;	[IC 30-5-5-9]
fiduciary transactions;	[IC 30-5-5-10]
claims and litigation;	(IC 30-5-5-11)
family mainten <mark>ance;</mark>	[IC 30-5-5-12]
benefits from military service;	[IC 30-5-5-13]
records, reports, and statements;	[IC 30-5-5-14]
estate transactions;	[IC 30-5-5-15]
all other matters.	[IC 30-5-5-19]
	1 '

[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].

Anitial

Power to add property to the Ione A. Williams Revocable

Living Trust dated August 30, 2010.

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)

General Provisions [IC 30-5-3]

Duties [IC 30-5-6]

Reliance [IC 30-5-8] Liabilities [IC 30-5-9] 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
Centier Bank	Checking	130267
	CD's	35284
600 84th Ave. Merrillville, IN 46410		46015
		203983

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 _______ County, State of Indiana.

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(BANKING INSTITUTION)	***	(FIDAMOS A)	
at(BANKING INSTITUTION) I give my ettomov in fact normal	المراجعة المراجعة	(BRANCH)	(OTY)
property to it, and to relocate addition to those incorporated	such box within into this Power	rson. I give the power also to re the banking institution or a of Attorney by reference.	y other safe deposit box in my name move property from such box or ad t another. Powers here given are i
DITURNIO ALL HARFELICAL	are EKOA (2)(O)	NS: [In case of insufficient str	E FOLLOWING PROVISIONS Biking, provision a applies];
a. This Power of Attorna	ey is not termin e x tarx in termin	ated by my incapacity.	*************
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attorney. In case of failure to at	trike, prior powe	are are revoked	wers of attorney I signed before the t performed under a prior power of
as guardian of my estate, to ser	ve in each case	without bond as may be perm	
THOMAS C BETT	in Fact. As a	a successor to my attorney	in fact I designate and name
serve,		e-e-a-company of an obecuted IV	ne Statute, or has/have declined to
By giving me written notic	e while I am not	incapacitated my attorney in	fact may resign or decline to serve
During a period of my incapacit authorized to act under this Pow successor or selected by a court	er of Attonnor	are of serve I	intil a successor attorney in fact is
K. Binding Effect, Any a	of or think now	and all	
me and my successors in interes	st, as the Statut	e provider	nder this Power of Attorney binds
Signed this 21 at	day of		
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	140	308-12	PAL'S SIGNATURE
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		Crown Poi	nt, IN 46307
		PRINCIPAL'S CI	TY, STATE AND ZIP CODE
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TATE OF INDIANA		•	
) 88			
OUNTY OF LAKE) SS. Before me, the understand	a Natary Dull		
OUNTY OF LAKE SS. Before me, the undersigned,	, a Notary Publi	c in and for said County and	State, this 21st
OUNTY OF LAKE SS. Before me, the undersigned, y of June 20,1 kg, torney, and acknowledged the exposes therein stated.	execution of it, a	c in and for said County and appeared the principal nam s the voluntary act and deed (ed above, signed this Power of of the principal, for the uses and
DUNTY OF LAKE Before me, the undersigned, y of	execution of it, a	c in and for said County and appeared the principal nams the voluntary act and deed to tmy hand and official seal the	day and year last above written.
Before me, the undersigned, y of June 2017xp torney, and acknowledged the exposes therein stated. IN WITNESS WHEREOF, It of the county lay commission expires August 26, 2015	execution of it, a	c in and for said County and appeared the principal names the voluntary act and deed to true hand and official seal the NOTARY PUBLICS IN	day and year last above written. BLIC'S SIGNATURE AME, PRINTED OR TYPED
Before me, the undersigned, y of June 201 Type torney, and acknowledged the exposes therein stated. IN WITNESS WHEREOF, I. Official Seal MELISSA K. HOMOLIA Resident of Porter County by complission exprises	execution of it, a	c in and for said County and appeared the principal names the voluntary act and deed to try hand and official seal the NOTARY PU	day and year last above written. BLIC'S SIGNATURE THE POWER OF THE USES AND THE PROPERTY OF THE POWER OF TH

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The Allan County Indiana Bar Association, Inc. (Printed Feb. 1992)