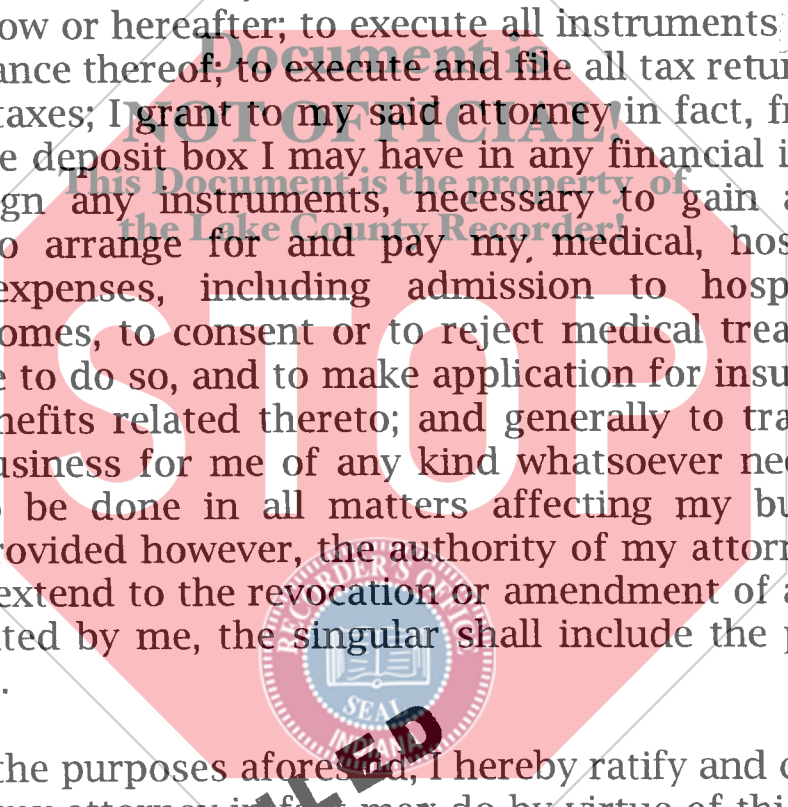


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DURABLE POWER OF ATTORNEY

I, Leo Halfman, of Lake County, Indiana, do hereby make and appoint Ada E. Halfman, of Lake County, Indiana, as my true and lawful attorney in fact, for me and in my name and stead, to deposit in or withdraw from all bank accounts standing in my name, individually or jointly, as Guardian or as Trustee or in any other fiduciary capacity; to endorse and cash any checks or other obligations payable to me; to make and execute any and all contracts; to sell and assign notes, bonds and other securities; to receive and to demand all sums of money and demands whatsoever, as are now or shall hereafter become due, payable or belonging to me; to compromise the same; to execute instruments to effect the transfer of title to any motor vehicle owned by me, to sell, mortgage, convey and lease any interest in real estate, or personal property, wherever located, of which I may be the owner or in which I have an interest, now or hereafter; to execute all instruments necessary in furtherance thereof; to execute and file all tax returns and to pay such taxes; I grant to my said attorney in fact, free access to any safe deposit box I may have in any financial institution and to sign any instruments, necessary to gain admission thereto; to arrange for and pay my medical, hospital and nursing expenses, including admission to hospitals and nursing homes, to consent or to reject medical treatment if I am unable to do so, and to make application for insurance and health benefits related thereto; and generally to transact any and all business for me of any kind whatsoever necessary or proper to be done in all matters affecting my business or myself; provided however, the authority of my attorney in fact shall not extend to the revocation or amendment of any will or trust created by me, the singular shall include the plural and vice versa.

For the purposes aforesaid, I hereby ratify and confirm all acts that my attorney in fact may do by virtue of this Power of Attorney, and shall not be affected hereby subsequent disability or incapacity.



FILED  
DEC 27 2011  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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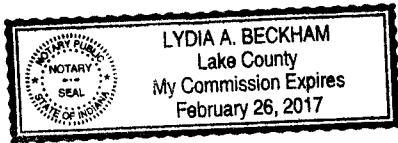
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Reproduction of this executed original with reproduced signatures and certificates of acknowledgment shall be deemed to be original counterparts of this Power of Attorney.

Specimen Signature of Attorney in Fact:

Ada E. Halfman  
Ada E. Halfman

IN WITNESS WHEREOF, I have hereunder set my hand this the \_\_\_\_\_<sup>th</sup> day of December, 2011, and I hereby certify to the correctness of the above specimen signature of my Attorney in Fact.



Leo Halfman  
Leo Halfman

STATE OF INDIANA )

COUNTY OF LAKE )

SUBSCRIBED AND SWORN to before me this 27<sup>th</sup> day of December, 2011.

My Commission Expires: 2-16-17  
County of Residence: LAKE

Lydia A. Beckham  
NOTARY PUBLIC  
219)696-1043

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  
PREPARED BY: \_\_\_\_\_

