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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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DURABLE POWER OF ATTORNEY

**OF
ANNE SINGEL**

GRANTOR

TO

**JOHN SINGEL
ATTORNEY-IN-FACT**

[Effective Current – Non-Medical]

MICHELLE SULLIVAN
RECORDER

The undersigned hereby nominates, constitutes and appoints the above-captioned said Attorney-In-Fact as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

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 so do.

3. **Tax Matters.** To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; To prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and 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.** 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; To recover, obtain and hold possession of any real estate, moneys, goods, chattels, debts, or any other thing in which I may have an interest; and to pay, discharge or compromise any of my debts or other obligations.

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5. **Securities Transactions.** 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; To vote any such securities in my name, in person or by proxy; and to receive dividends and other distributions on such securities.

6. **Additional Powers Included by Incorporation.** I further grant to my attorney-in-fact all of the powers set forth currently under Indiana Statutes *I.C. 30-5-5-1 through I.C. 30-5-5-19 et seq.*, as amended; and in case of conflict with other powers narratively described in this Power, the broader power is to control. Those powers described by reference herein include but are not limited to all **Trust Agreements**, **Real Property Transactions** [30-5-5-2], all **Tangible Personal Property Transactions** [*I.C. 30-5-5-3*], all **Bonds and Shares** and **Commodity Transactions** [*I.C. 30-5-5-4*], all **Banking Transactions** [*I.C. 30-5-5-5*], all **Business Operating Transactions** [*I.C. 30-5-5-6*], all **Insurance Transactions** [*I.C. 30-5-5-7*], all **Beneficiary Transactions** [*I.C. 30-5-5-8*], all **Gift Transactions** [*I.C. 30-5-5-9*], all **Fiduciary Transactions** [*I.C. 30-5-5-10*], all **Claims and Litigation** [*I.C. 30-5-5-11*], all **Family Maintenance Transactions** [*I.C. 30-5-5-12*], all **Benefits from Military Service** [*I.C. 30-5-5-13*], all rights to **Records, Reports** and **Statements** [*I.C. 30-5-5-14*], all **Estate Transactions** [*I.C. 30-5-5-15*], **Delegating Authority** to other persons [*I.C. 30-5-5-18*], **Employee Benefits and Plans**, and general authority to do all matters as an alter ego under *I.C. 30-5-5-19*. I intend this Power of Attorney to be durable in nature and to survive my later incompetence and/or impairment due to physical, mental, or other disability. I have authorized my attorney-in-fact to act as my *alter ego* with respect to all possible matters and affairs affecting my person and property and I have reviewed with my counsel the full text and wording of these powers as set out in the Indiana Code.

My attorney in fact, however, shall not have the following power to benefit himself or herself other than reimbursement for expenses incurred on my behalf and for my benefit.

ALTERNATE - SUCCESSOR

If my initial Attorney-in-Fact, as hereinabove designated and appointed, should die, become mentally or physically incapacitated, resign, refuse to act, or become unavailable, then I hereby designate and appoint my son MORGAN SINGEL, and if he does not or cannot act then to my daughter MARY HASSEN nee' SINGEL as my successor Attorneys-in-Fact to act in his/her/their stead.

An Attorney In Fact named in this Power shall be deemed to have failed to act or ceased to act upon their death, resignation, removal by a Court, or inability to locate him/her upon reasonable inquiry. Likewise, this may also occur upon written certification by a licensed physician familiar with the prior named Attorney's condition, that said prior Attorney is unable to transact a significant part of the business required under this Power of Attorney.

REVOCATION
PRIOR GRANTS OF POWERS

I hereby revoke all prior powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

RESERVATION

With respect to these powers, it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented. This instrument, and actions taken by my Attorney-in-Fact as properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians, and personal 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 the County of my current residence, as shown below-herein by my signature, or the county where I have thereafter last resided.

GUARDIAN NOMINATION

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact hereinabove designated and appointed, to be my Guardian. In the event that he/she dies, resigns, or is unable to serve, then I nominate my alternate Attorneys-in-Fact as my alternate Guardian. Each is to serve upon the same terms and conditions as set forth herein for my first-named Attorney-in-Fact.

EFFECTIVE
CURRENT - DURATION

This power of attorney shall become effective immediately to my first-named attorney-in-fact upon the date I execute and sign this document as indicated below-herein by my name and signature. Furthermore, this Power of Attorney and the authority I have conferred and specified above shall remain in full force and effect until such time as I may hereinafter revoke the same in writing or upon my death, whichever shall occur first in time; and provided further, that the same shall not be affected by my subsequent disability, incompetence, or lapse of time.

ACCOUNTINGS, FEES, AND COPIES

My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument. My Attorney-in-Fact shall not be liable for any non-negligent and non-intentional conduct in carrying out the terms of these powers but in the event of my total incapacity it is then required that accounts which were previously held in my own name not be commingled with the separate accounts of my Attorney-in-Fact and that any all records of transactions taken on my behalf be maintained and preserved for a period of three (3) years following my death with annual reports of all my financial transactions being maintained for a like period of time. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he/she shall deem appropriate. Each photocopy shall have the same force and effect as any original. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

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.

Signed this 17 day of Nov., 2011.

Anne Singel
Signature of Grantor(s)

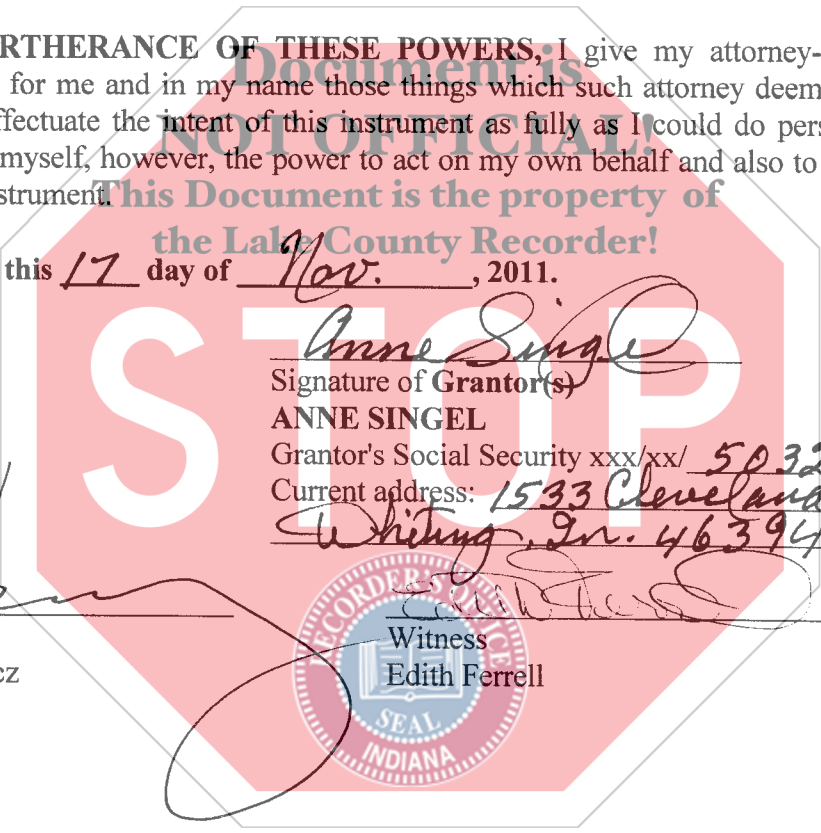
ANNE SINGEL

Grantor's Social Security xxx/xx/ 5032

Current address: 1533 Cleveland Ave.
Whiting, Ind. 46394

J. J. Stankiewicz
Witness
J. J. Stankiewicz

Edith Ferrell
Witness
Edith Ferrell



**NOTARY PUBLIC TO SIGNATURE
OF GRANTOR ON POWER OF ATTORNEY**

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

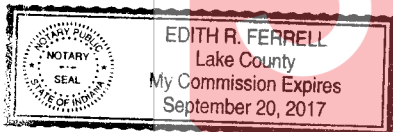
Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of November, 2011 personally appeared ANNE SINGEL the Grantor named above, and acknowledged the execution of the above and foregoing Power of Attorney to be his/her voluntary act and deed, for the uses and purposes therein stated.

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

Document is
NOT OFFICIAL!
This Document is the property of
Edith R. Ferrell
Notary Public
the Lake County Recorder!

My Commission Expires:
County of Residence:

September 20, 2017
LAKE



"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: J.J. Stankiewicz

This instrument prepared by Attorney J.J. Stankiewicz, 7870 Broadway Merrillville, Indiana 46410 (219) 769-1177.