

**GENERAL POWER OF ATTORNEY
With Durable Provision**

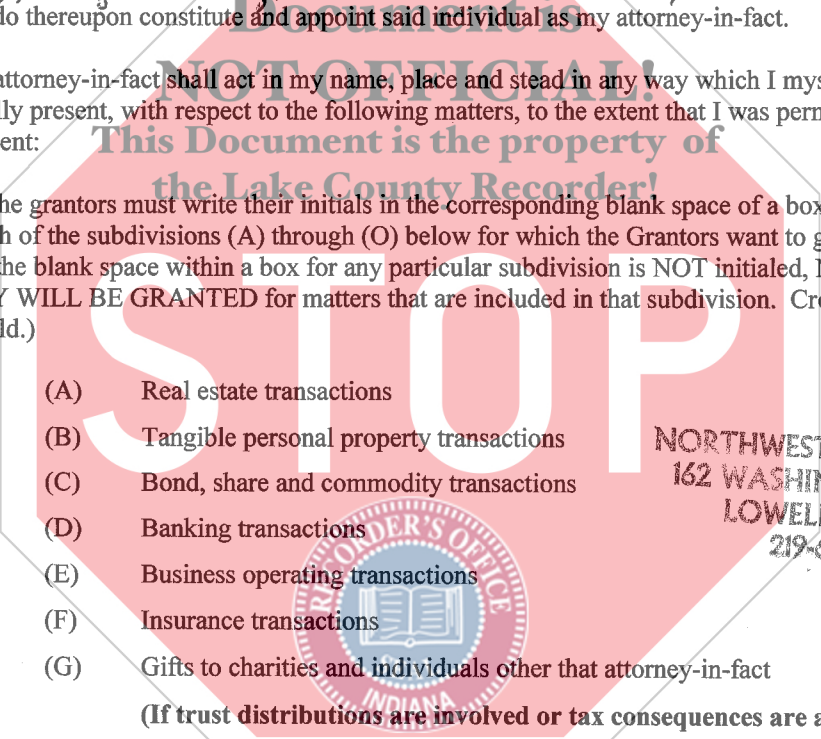
NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Arlington J. Foley, Jr of Crown Point, Lake County, Indiana the undersigned Grantor, do hereby make and grant a general power of attorney to Arlington J. Foley, Sr, of Crown Point, Lake County, Indiana, and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I was permitted by law through an agent:

(NOTICE: The grantors must write their initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantors want to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- (A) Real estate transactions
- (B) Tangible personal property transactions
- (C) Bond, share and commodity transactions
- (D) Banking transactions
- (E) Business operating transactions
- (F) Insurance transactions
- (G) Gifts to charities and individuals other than attorney-in-fact
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- (H) Claims and litigation
- (I) Personal relationships and affairs
- (J) Benefits from military service



NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

2012 0583488

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 AUG 28 AM 9:46

MICHELE R. STANMAN
RECORDER OF DEEDS

FILED
AUG 28 2012
25733
PEGGY HOLINGA KATON
LAKE COUNTY AUDITOR

AMOUNT \$ 14.00
CASH _____ CHARGE _____
CHECK # 3636
OVERAGE _____
COPY _____
NON-COM _____
CLERK CR

- (K) Records, reports and statements
 - (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any persons whom my attorney-in-fact shall select
 - (M) Access to safe deposit box(es)
 - (N) All other matters
- Durable Provision:**
- (O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms:

In addition, Arlington J. Foley, Sr. shall be granted any and all unqualified power to withdraw, receive, sign, endorse, cash, deposit and anything else he/she may desire with any and all funds/monies or any items of value which are being held in any manner by any financial institution and/or are received from Pension Funds/Payments and/or Social Security payments and/or proceeds from shares of corporate stocks.

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 13 day of August, 2012 (year).
Signed in the presence of:

Erica L. Mason
Witness

[Signature]
Grantor,

Witness

Arlington J. Foley, Sr.
Attorney-in-Fact,

State of Indiana)
County of Lake)

On 8/13/12 before me, Arlington J. Foley, Jr., appeared to me Erica Mason, personally known to me Arlington J. Foley, Jr. to be the person whose name is subscribed to the within instrument and executed the instrument.

By his signature, WITNESS my hand and official seal.

Signature Erica L. Mason

My Commission expires March 20, 2013
Affiant Known

ERICA L. MASON
Notary Public - State of Indiana
Lake County
Commission Expires March 20, 2013

THIS INSTRUMENT PREPARED BY: ARLINGTON J. FOLEY, SR.