CERTIFICATION

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MICHELLE B EAUMAN 805

The undersigned, Donald P. Peters who is the attorney in fact in a Durable

Power of Attorney attached hereto, certifies that the attached Power is a true and correct copy of the original Power. This certification is made pursuant to IC 30-5-8-5.

DONALD P. PETCKS

State of Indiana)

) 55:

County of Lake)

Document is

Before me, a Notary Public in and for said County and State personal appeared Donald P

who acknowledged the execution of the foregoing Certification

Witness My Hand and Notarial Seal this <u>34</u> day of <u>August</u> 2012

This Document was prepared by Donna L. LaMere, Attorney

STAR LUGAR
Lake County
My Commission Expires
June 25, 2015

AUG 29 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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Chicago Title Insurance Company

Affidavit by Attorney-in-Fact under Power of Attorney

I, **, hereby certify the following facts to the best of my knowledge under Indiana Code §30-5-8-7:
1. Attached to or accompanying this Affidavit is a true, correct, and complete photocopy of a Durable Power of Attorney ("POA") signed by ** M. lared L. letel's on **, 20*01 and appointing the undersigned as one of h** attorneys-in-fact or Agent. 2. ** MILLEL'S, the principal named in and who signed the above-described POA is alive
described POA, is alive.
3. The above-described POA was validly granted and executed.
4. The relevant powers granted in the POA to the undersigned attorney-in-fact or Agent have not been altered or terminated.
5. The undersigned is an original attorney-in-fact under the attached POA.
The undersigned is an alternate, successor, or "backup" attorney-in-fact or Agent under the above-described POA. The originally named primary attorney-in-fact has failed or ceased to serve or is not reasonably able or available to act, and under the POA, the undersigned is empowered to act on behalf of the principal. 7. The above-described POA was effective upon signing. 8. The above-described POA became effective upon the occurrence of an event (namely a determination by a licensed physician and a named attorney-in-fact that "* MILLED F. LET PIS. had become incapacitated). That event has occurred, and the undersigned attorney-in-fact or Agent is authorized to act under the above-described POA. Dated this
Signature of Agent or Attorney-in-Fact
Printed Name of Agent or Attorney-in-Fact
Cedar LAME IN 16303
Telephone: 219 - 374 - 8095
STATE OF)
) SS: County of)
** Before me, a Notary Public in and for said County and State, personally appeared , who acknowledged the execution of the foregoing Affidavit as

PLEASE NOTE that under Indiana Code §30-5-8-5, the attorney-in-fact (Agent) is authorized to certify that a copy of the power of attorney is a true copy of the original, such a certification gives the copy the same legal force as the original. Further, I.C §30-5-8-7 reads as follows.

IC 30-5-8-7 (a) A person who acts in good faith reliance on a power of attorney is immune from liability to the same extent as if the person had dealt directly with the named principal and the named principal had been competent and not incapacitated

- (b) The named attorney in fact may furnish an affidavit to a person that states, to the best knowledge of the attorney in fact
 - (1) that the instrument relied on by the person is a true copy of the power of attorney,
 - (2) that the named principal is alive,
 - (3) that the power of attorney was validly granted and executed,
 - (4) that the relevant powers granted to the attorney in fact have not been altered or terminated,
 - in the case of a successor attorney in fact, that the original attorney in fact has failed or ceased to serve and the successor attorney in fact is empowered to act on behalf of the principal, and
 - (6) If the effective date of the power of attorney begins upon the occurrence of a certain event, that the event has occurred and the attorney in fact is authorized to act under the power of attorney
 - (c) A person who
 - (1) relies on an affidavit described in subsection (b), and
 - (2) acts in good faith,

is immune from liability that might otherwise arise from the person's action in reliance on the power of attorney that is the subject of the affidavit

Finally, I C. §30-5-9-9 reads as follows:

IC §30-5-9-9 (a) Except as provided in subsection (b), a person who, not more than three (3) business days after receiving a power of attorney, refuses to accept the authority of an attorney in fact to exercise a power granted under a power of attorney is liable to the principal and to the principal's heirs, assigns, and the personal representative of the estate of the principal in the same manner as the person would be liable had the person refused to accept the authority of the principal to act on the principal's own behalf. In any action brought in court to either force the acceptance of the authority of the attorney in fact or pursue damages as a result of the person's refusal to accept the authority of an attorney in fact, the person found liable for refusing to accept the authority of an attorney in fact shall pay the following

- (1) Three (3) times the amount of the actual damages
- (2) The attorney's fees of the person bringing the action to court
- (3) Prejudgment interest on the actual damages from the date the person refused to accept the authority of the attorney in fact
- (b) A person refusing to accept the authority of an attorney in fact to exercise a power granted under a power of attorney is not liable under subsection (a) if
 - (1) the person has actual notice of the revocation of the power of attorney before the exercise of the power,
 - (2) the duration of the power of attorney specified in the power of attorney has expired,
 - (3) the person has actual knowledge of the death of the principal,
 - the person reasonably believes that the power of attorney is not valid under Indiana law and provides the attorney in fact with a written statement not more than ten (10) business days after the refusal, describing the reason that the power of attorney is not valid under Indiana law, or
 - (5) the person reasonably believes that the power of attorney does not grant the attorney in fact with authority to perform the transaction requested and provides the attorney in fact with a written statement not more than ten (10) business days after the refusal, describing the reason the person believes the power of attorney is deficient under Indiana law
- (c) This section does not negate the liability a person would have to the principal or the attorney in fact under another form of power of attorney, under the common law, or otherwise

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9-01-2011

Durable Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that I, MILDRED L. PETERS, of Lowell, Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint my son, DONALD P. PETERS, of Cedar Lake, Lake County, Indiana, and/or my son, DAVID M. PETERS, of Crown Point, Lake County, Indiana, as my true and lawful Attorney(s)-in-Fact, or if they are both unable to act for any reason, my daughter, CATHERINE M. ROBERTS, of Cedar Lake, Lake County, Indiana, shall so act as successor, for me and in my name, place and stead to exercise all powers granted under Sections 2 through 19 of Chapter 5 of Article 5 of Title 30 of the Indiana Code, as currently in force and as the same shall be amended, and all such powers and amendments under said Chapter 5 are hereby incorporated as part of this Power of Attorney by reference, which shall include but are not limited to the following.

To receive confidential information, to prepare, sign and file tax return forms 1040, 1040X, IT40 and IT40X for all open years and all future years, and at any time to perform any and all other acts before the taxing authorities of any jurisdiction the same as I might do were I then present and competent to act, including specifically the execution of Internal Revenue Service Forms 2848 and 8821, the Indiana Department of Revenue Form POA-1 (or any successors thereto), and such other authorizations and/or forms as may be necessary to carry out the purposes of this delegation of authority;

To place documents of property or remove same from any deposit box I may have,

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name,

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter;

To make and complete gifts of my property or assets to any one or more of my lineal descendants in such amounts and manner, including outright or in trust, as to qualify for the present interest annual exclusion from taxable gifts under Section 2503 of the Internal Revenue Code of 1986, as amended,

To make or complete gifts of my property or assets to any person or entity for estate planning purposes and/or Medicaid, nursing home and/or long term care planning purposes, except that statutory limits on the amount of said gifts shall not apply so long as they are not adverse to my best interests and are made for the benefit of my spouse or my descendants

To take such action as is reasonable or necessary to bind up any matters in which I am acting as a fiduciary in the event of my death or incapacity

To transfer assets or property or property interests which are titled in my name to the Trustee or Trustees of any revocable trust created by me during my lifetime to be held, administered, managed, and distributed pursuant to the terms of such revocable trust;

To apply for Letters of Guardianship for and on my behalf and to act as my Guardian(s) in connection with any matter or matters which for any reason require a guardianship or protective proceeding.

I hereby authorize my said Attorney(s) to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt him/her/them from any personal liability so long as he/she/they shall use that degree of care which reasonable people would use with their own property,

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than its ordinary legal liability when dealing directly with me; and,

I hereby declare that any act or thing lawfully done hereunder by my said Attorney(s) shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney(s) and by the person, firm or corporation dealing with my Attorney(s) pursuant to the powers herein granted. This Power of Attorney may be revoked only by a written instrument of revocation that identifies the Power of Attorney revoked and is signed by the principal. A revocation is not effective unless the attorney(s)-in-fact or other person relying on the Power of Attorney has actual knowledge of the revocation

Insurance Workstation

Giving and granting unto my said Attorney(s) full power to do every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney(s) shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney(s)-in-Fact shall be fully protected and free from any liability for payment, application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this, the 4th day of April, 2007.

	Mildred & Files
STATE OF INDIANA	MILDRED L. PETERS
SIXIE OF INDIANA)
COUNTY OF LAKE) \$S:
COUNTY OF LAKE	Document is
Refore me th	a undaribilities N. D. 11 C. D
MILDRED I PETER	e undersimble litta, Notary Public for Lake County, State of Indiana, personally appeared
THE PROPERTY OF THE PARTY OF TH	S and charles the execution of the foregoing Durable Power of Attorney.
	nd and seal the Aut day of April, 2007e property of
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My Commission Expire	est Will County Record Posica & Parlotis
09/13/2009	
	Jessical A. Pavlakis - Notary Public
	Resident of Lake County
	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.
	Michael D. Dohosz, Attorney at Law
	THIS INSTRUMENT PREPARED BY:
	Michael D. Dobosz, Esc. (#14539-45)
	HILBRICH CUNNINGHAM SCHWERD DOBOSZ & VINOVICH, LLP
	2637 - 45th Street
	Highland, Indiana 46322
	(219) 924-2427