

POWER OF ATTORNEY

OF

THURSTER M. HAMPTON

TO

YVONNE L SEVIER

2012 085034

The undersigned hereby nominates, constitutes and appoints YVONNE L SEVIER whose address is 5606 Van Buren Street, Merrillville, Indiana 46410 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, 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 of similar official of any state, or any other official, bureau, department or agency of any State, municipality or other government, 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 of withdrawal from or receipt of such accounts; (d) to have access to and to remove any or all of my property contained or held in the following safety deposit box: Box No _____, located at:

(INSTITUTION) _____ (BRANCH) _____
(ADDRESS) _____

and in any and all other safety deposit boxes in my name either individually or jointly with any other person, and (e) any and all other authority granted under Indiana Code, I.C. 30-5-5-1

(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 so to do.

(3) Tax Matters - (a) To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) 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 - (a) 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; (b) 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; (c) to pay, discharge or compromise any of my debts or other obligations; and (d) any and all other authority granted under Indiana Code, I.C. 30-5-5-2 and I.C. 30-5-5-3.

(5) Securities Transactions - (a) To purchase or otherwise acquire and to sell or otherwise dispose of, securities, including but not limited to, stocks, bonds, notes, and other securities of evidences of indebtedness, at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in person or by proxy; (c) to receive dividends and other distributions on such securities; and (d) any and all other authority granted under Indiana Code, I.C. 30-5-5-4

(6) Consent to medical or other professional care - to consent to medical or other professional care and treatment for my health or welfare in accordance with Indiana Code, I.C. 30-5-5-16

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 my self, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representative.

If protective proceedings for my person and/or estate shall be commenced, I hereby nominate YVONNE L SEVIER as Guardian of my person and YVONNE L SEVIER as Guardian or Conservator as the case may be, of my estate, to serve without bond to the full extent permitted by law.

FILED

DEC. 04 2012

005152

PEGGY HOUNGAKATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 18
CASH _____ CHARGE _____
CHECK # 3783
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

19638
NORTHWEST INDIANA TITLE
152 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

FILED IN INDIANA
LAKE COUNTY
RECORDER

2012 DEC 4 10:59 AM

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The following named banks, savings and loan associations, investment firms, and/or other persons, firms or corporations listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation:

Holding Institution	Type of Account	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

All other persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute a durable power of attorney under the Indiana Uniform Durable Power of Attorney Act.

Signed this 20th day of May, 2010, in one counterparts, each of which shall be considered an original

Counterpart No. One

Thurster M. Hampton
THURSTER M. HAMPTON

Address: 1343 Clark Road
Gary, Indiana 46404

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 20th day of May, 2010, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, 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.

Renee A. Long

, Notary Public

My Commission Expires: 6/30/2017

My County of Residence: Lake

This Instrument prepared by: Charles D. Brooks, Jr., Attorney at Law, 2200 Grant Street, Suite 100, Gary, IN 46404

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN RE:
THUSTER W HAMPTON

AFFIDAVIT TO CORRECT MISPELLED NAME IN POWER OF ATTORNEY

Comes now, **YVONNE L SEVIER** being duly sworn upon her oath and states as follows:

That I am an adult, competent, with personal knowledge of the facts stated herein.

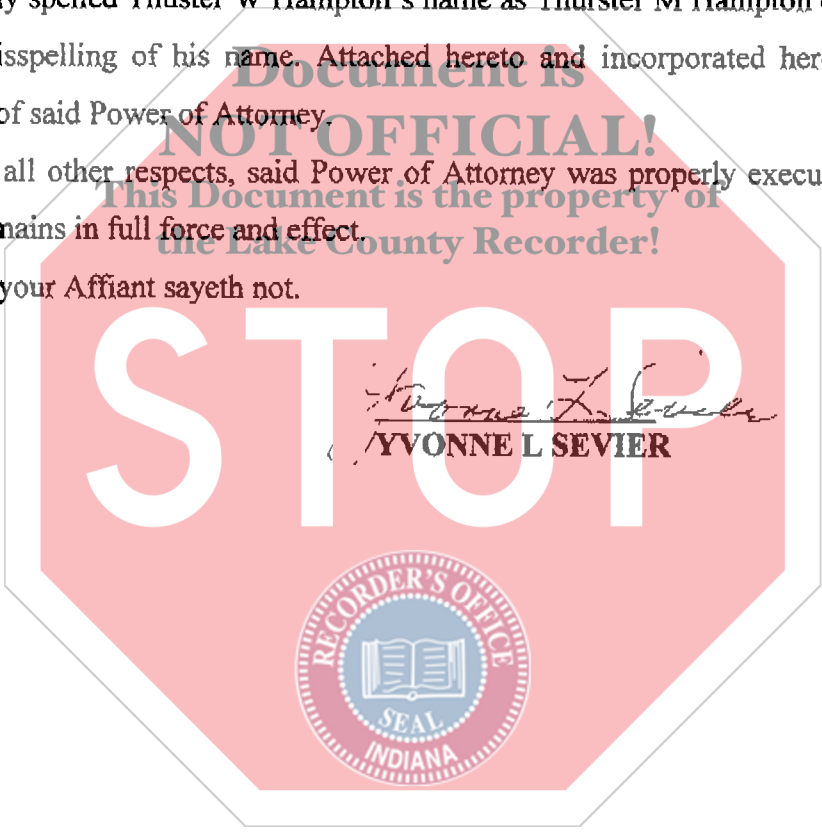
That I am the attorney-in-fact for Thuster W Hampton by way of a Power of Attorney executed by Thuster W Hampton on the 20th day of May, 2010 granting such attorney-in-fact power to me.

That said Power of Attorney executed by Thuster W Hampton on the 20th day of May, 2010, incorrectly spelled Thuster W Hampton's name as Thurster M Hampton due to scrivener's error in the misspelling of his name. Attached hereto and incorporated herein is a true and complete copy of said Power of Attorney.

That in all other respects, said Power of Attorney was properly executed, has not been revoked and remains in full force and effect.

Further your Affiant sayeth not.


YVONNE L SEVIER

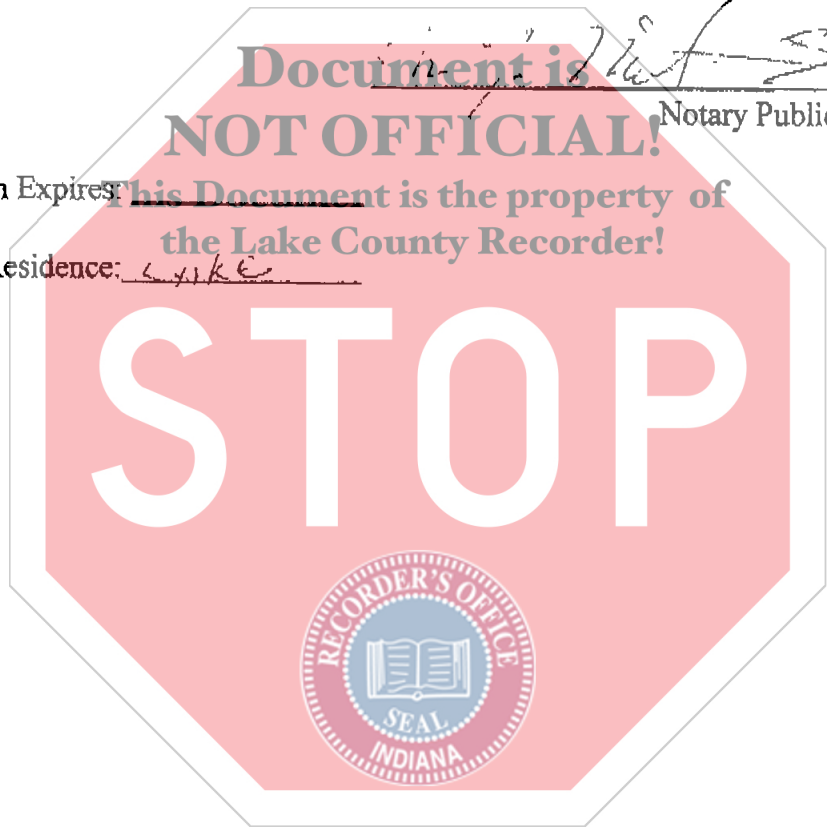


THUSTER W HAMPTON
Affidavit to Correct Misspelled Name in Power of Attorney
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STATE OF INDIANA)
SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared YVONNE L SEVIER, who acknowledged the execution of the foregoing AFFIDAVIT TO CORRECT MISPELLED NAME IN POWER OF ATTORNEY, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 16th day of October 2012



My Commission Expires

My County of Residence: Lake

This Instrument Prepared by **Charles D. Brooks, Jr.**, Attorney at Law
504 Broadway, Suite 517
Gary, Indiana 46402
(219) 886-1210