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I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

General Durable Power of Attorney

[Signature]

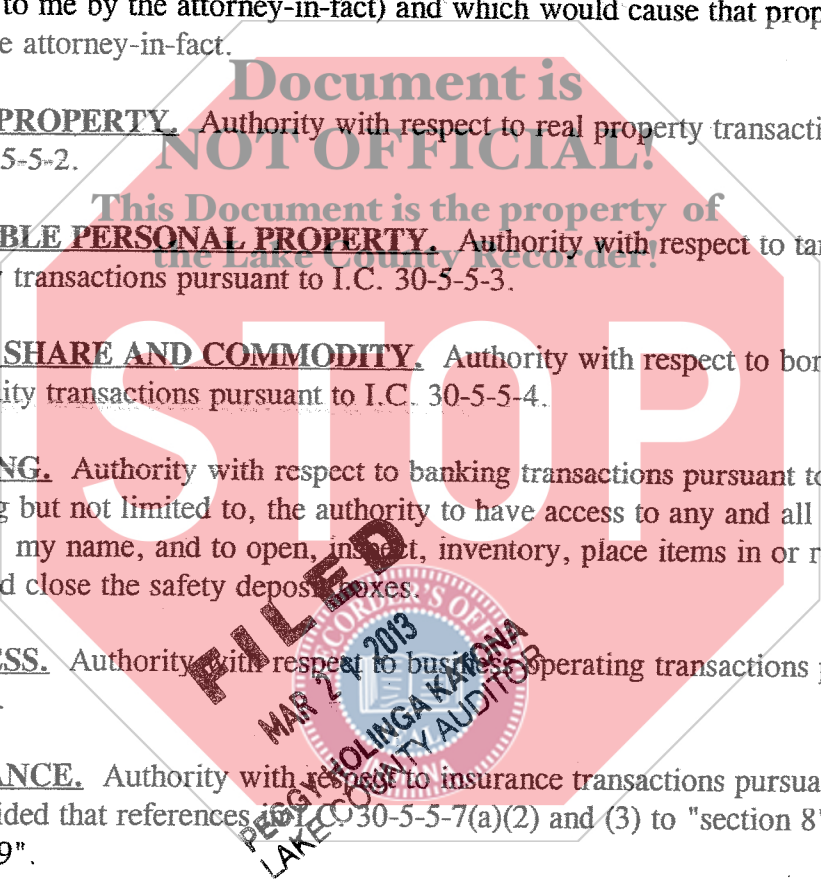
By this General Durable Power of Attorney, I name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code (I.C.) 30-5, as it exists now and is amended in the future.

I, **Florence Lopez**, of Lake County, State of Indiana, being at least 18 years of age, and mentally competent, do hereby designate my daughter, **Carolyn Luna**, as my true and lawful attorney-in-fact. In the event that my daughter is unable to serve, I name and appoint my son, **Vidal Lopez** as my true and lawful, attorney-in-fact.

Section I
POWERS

I give to my above-named attorney-in-fact, including any successor attorney-in-fact, the powers specified in this section to be used on my behalf, provided, however, that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my Property (including, but not limited to, retained interests in property given to me by the attorney-in-fact) and which would cause that property to be taxed as owned by the attorney-in-fact.

- A. **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2.
- B. **TANGIBLE PERSONAL PROPERTY.** Authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3.
- C. **BOND, SHARE AND COMMODITY.** Authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4.
- D. **BANKING.** Authority with respect to banking transactions pursuant to I.C. 30-5-5-5, including but not limited to, the authority to have access to any and all safety deposit boxes in my name, and to open, inspect, inventory, place items in or remove items from, and close the safety deposit boxes.
- E. **BUSINESS.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.
- F. **INSURANCE.** Authority with respect to insurance transactions pursuant to I.C. 30-5-5-7 provided that references in I.C. 30-5-5-7(a)(2) and (3) to "section 8" are changed to "section 9".
- G. **BENEFICIARY.** Authority to respect to beneficiary transactions pursuant to I.C. 30-5-5-8.



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 MICHAEL B. BROWN
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
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- H. **GIFTS.** Authority with respect to gift transactions pursuant to I.C. 30-5-5-9.
- I. **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.
- J. **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.
- K. **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to I.C. 30-5-5-12.
- L. **MILITARY SERVICE.** Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13.
- M. **RECORDS, REPORTS AND STATEMENTS.** Authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14, including but not limited to, the power to execute on my behalf any specific power of attorney-in-fact to act on my behalf before that taxing authority on any return or issue.
- N. **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15.
- O. **DELEGATING AUTHORITY.** Authority with respect to delegating authority in writing to one (1) or more persons as to any or all powers given to the attorney-in-fact by this General Durable Power of Attorney document, pursuant to I.C. 30-5-5-18.
- P. **ALL OTHER MATTERS.** Authority with respect to all other possible matters and affairs affecting property owned by me pursuant to I.C. 30-5-5- et. seq.
- Q. **HEALTH CARE POWERS.** Authority with respect to my health care decisions including but not limited to: general authority with respect to health care powers including the power to: employ or contract with companions or health care providers to care for the principal, the power to consent to or refuse health care for the principal who is an individual in accordance with I.C. 16-36-4 and I.C. 16-36-1, including the power to refuse nutrition and hydration. The power to admit or release principal from the hospital or health care facility, the power to have access to records, including medical records concerning the principal's conditions, et. seq.

I hereby ratify and confirm all that my attorney-in-fact shall do by virtue of the above powers.

**Section II
EFFECTIVE DATE**

This Power of Attorney shall become effective on the 26 day of December, 2007 and shall not be affected by my subsequent disability or incapacity.

**Section III
TERMINATION**

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have signed a written instrument of revocation identifying this Power of Attorney and recorded the same in the Recorder's Office of the county of my domicile; provided, however, that if this Power of Attorney was recorded, then the instrument of revocation must be recorded in the same Recorder's Office as this Power of Attorney was recorded (which, if different from the Recorder's Office of the county of my domicile, will require recording of the instrument of revocation in the Recorder's Office of the county of my domicile and the Recorder's Office where this Power of Attorney was recorded) and must reference the book and page or instrument number where this Power of Attorney is recorded.

**Section IV
AUTHORITY OF SUCCESSOR ATTORNEY-IN-FACT**

- A. Any attorney-in-fact hereunder shall be considered to fail to serve, or cease to serve, when:
1. The attorney-in-fact dies;
 2. the attorney-in-fact resigns;
 3. the attorney-in-fact is adjudged incapacitated by a court;
 4. the attorney-in-fact cannot be located upon reasonable inquiry;
 5. the attorney-in-fact, if at one time the principal's spouse, legally is no longer the principal's spouse; or
 6. a physician familiar with the condition of the current attorney-in-fact certifies in writing to the immediate successor attorney-in-fact that the current attorney-in-fact is unable to transact a significant part of the business required under this Power of Attorney.

- B.
1. The death of any attorney-in-fact hereunder may be established by the affidavit of any person named as an attorney-in-fact hereunder, however, this is not intended to be the exclusive means for establishment of the death of any attorney-in-fact hereunder.
 2. The resignation of any attorney-in-fact hereunder may be established by a written document bearing such attorney-in-fact's notarized signature to that effect; however, this is not intended to be the exclusive means for establishment of the resignation of any attorney-in-fact hereunder.
 3. The inability to locate any attorney-in-fact hereunder upon reasonable inquiry may be established by the affidavit of any person named as an attorney-in-fact hereunder; however, this is not intended to be the exclusive means for establishment of the inability to locate any attorney-in-fact hereunder upon reasonable inquiry.

Section V
REIMBURSEMENT OF EXPENSES/COMPENSATION

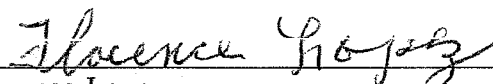
My attorney-in-fact shall be entitled to reimbursement of all reasonable expenses advanced by my attorney-in-fact on behalf of me.

Also, my attorney-in-fact shall be entitled to a reasonable fee for services rendered. My attorney-in-fact shall, not later than twelve (12) months after the date the service is rendered, notify me in writing of the amount claimed as compensation for rendering the service.

Section VI
GUARDIANSHIP

In the event a judicial proceeding is brought to establish a guardianship for me, I hereby appoint the individual then acting as my attorney-in-fact, pursuant to the foregoing provisions of this Power of Attorney to serve as guardian to have responsibility for the care, custody, and management of my property, and, to have responsibility for the care, custody, and supervision of my physical person.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of December, 2007.



Florence Lopez

STATE OF INDIANA)
) SS:
COUNTY OF LAKE

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Florence Lopez, who acknowledged the execution of the foregoing General Durable Power of Attorney and delivered said instrument as his/her free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial Seal this 28 day of December, 2007.



Signature of Notary

Patricia A. Rees, Notary

Resident of Lake County

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

My Commission Expires: March 25, 2010

STOP

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.

Name





This instrument prepared by PATRICIA A. REES, ATTORNEY AT LAW, 600 West Old Ridge Road, P.O. Box 488, Hobart, Indiana, 46342. Telephone Number (219) 947-1692.