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Durable General Power of Attorney

2013 039497

KNOW ALL MEN BY THESE PRESENTS, That I

Helen Hieber

Address: 626 Rescobie Lane, Schererville, Indiana 46375
Telephone Number: 219-322-4189

have made, constituted and appointed and by these presents do make, constitute and appoint, an Attorney-in-Fact to act on my behalf, pursuant to I.C. 1991, Article 30-5, as amended from time to time, as my true and lawful Attorney-in-Fact, for me and in my name, place, and stead in the State of Indiana.

1. As my Attorney-in-Fact, I name

Raymond M. Hieber

Address: 626 Rescobie Lane, Schererville, Indiana 46375
Telephone Number: 219-322-4189

If my original Attorney-in-Fact fails to qualify within thirty (30) days from the date of this instrument, or fails or ceases to serve, pursuant to I.C. 1991, §30-5-4-4, then I name as my Successor Attorney-in-Fact:

Hannelore Sopko

Address: 2436 Venice, Schererville, Indiana 46375
Telephone Number: 219-322-6994

2. **POWERS.** I give my Attorney-in-Fact or any Successor Attorney-in-Fact the powers specified in this section to be used on my behalf, PROVIDED that my Attorney-in-Fact shall not have any power that would cause my Attorney-in-Fact to be treated as the owner of any interest in my property, resulting from the exercise of the powers authorized herein.

REAL PROPERTY TRANSACTIONS

Authority with respect to real property transactions, pursuant to Indiana Code 1991, §30-5-5-2.

TANGIBLE PERSONAL PROPERTY TRANSACTIONS

Authority with respect to tangible personal property, pursuant to Indiana Code 1991, §30-5-5-3

BOND, SHARE AND COMMODITY TRANSACTIONS

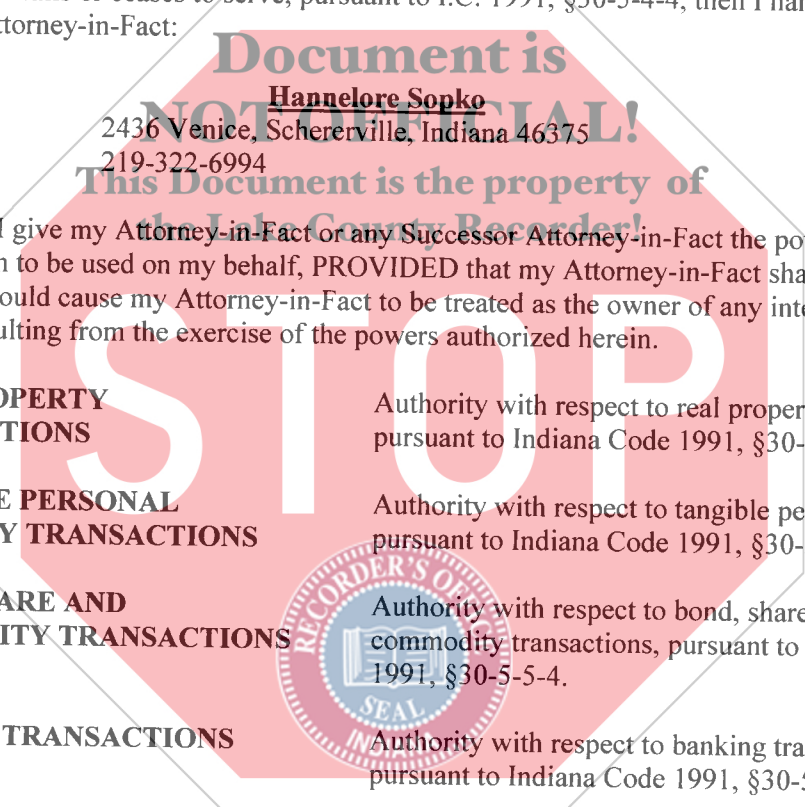
Authority with respect to bond, share and commodity transactions, pursuant to Indiana Code 1991, §30-5-5-4.

BANKING TRANSACTIONS

Authority with respect to banking transactions, pursuant to Indiana Code 1991, §30-5-5-5.

BUSINESS OPERATIONS TRANSACTIONS

Authority with respect to banking transactions, pursuant to Indiana Code 1991, §30-5-5-6.

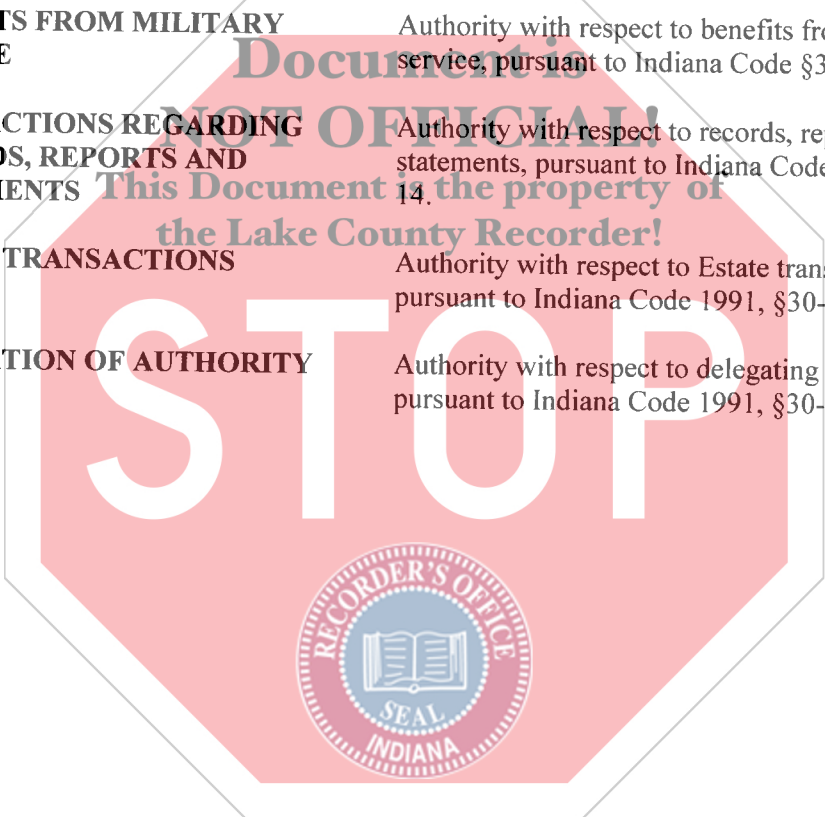


STATE OF INDIANA
LAKE COUNTY
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INSURANCE TRANSACTIONS	Authority with respect to insurance transactions, pursuant to Indiana Code 1991, §30-5-5-7, provided that references in Indiana Code 1991, §30-5-5-7(a)(2) and (3), to "Section 8" are changed to "Section 9."
BENEFICIARY TRANSACTIONS	Authority with respect to beneficiary transactions, pursuant to Indiana Code 1991, §30-5-5-8.
GIFT TRANSACTIONS	Authority with respect to gift transactions, pursuant to Indiana Code 1991, §30-5-5-9.
FIDUCIARY TRANSACTIONS	Authority with respect to fiduciary transactions, pursuant to Indiana Code 1991, §30-5-5-10.
CLAIMS AND LITIGATION	Authority with respect to claims and litigation, pursuant to Indiana Code 1991, §30-5-5-11.
FAMILY MAINTENANCE	Authority with respect to family maintenance, pursuant Indiana Code 1991, §30-5-5-12.
BENEFITS FROM MILITARY SERVICE	Authority with respect to benefits from military service, pursuant to Indiana Code §30-5-5-13.
TRANSACTIONS REGARDING RECORDS, REPORTS AND STATEMENTS	Authority with respect to records, reports and statements, pursuant to Indiana Code 1991, §30-5-5-14.
ESTATE TRANSACTIONS	Authority with respect to Estate transactions, pursuant to Indiana Code 1991, §30-5-5-15.
DELEGATION OF AUTHORITY	Authority with respect to delegating authority, pursuant to Indiana Code 1991, §30-5-5-18.



TAXES

To prepare, execute, verify, and file in my name and on my behalf, any state or federal income or gift tax return or other return, power of attorney, report, protest or instrument in connection with any tax imposed or purported to be imposed by any government, or claimed or assessed by any governmental authority; to receive confidential information and to perform any and all acts which I could perform with respect to tax matters, including power to receive refunds.

SOCIAL SECURITY, MEDICARE AND MEDICAID

To deal with the Social Security Administration, to arrange for the direct deposit of my social security benefits into a bank account standing in my name and to sign any and all documents required to accomplish such direct deposit; to apply for, and otherwise deal with, Medicare, Medicaid and any similar benefits; and to prepare, sign on my behalf, and file appropriate claims for reimbursement for medical expenses.

SAFETY DEPOSIT BOX(ES)

To enter at anytime to remove the content of, or to add to the contents of, any safe deposit box in my name or which I could enter, if personally present.

ALL OTHER MATTERS

Authority with respect to all other matters, pursuant to Indiana Code 1991, §30-5-5-19.

3. **PRIOR GENERAL POWERS OF ATTORNEY REVOKED.** All powers of attorney, not applicable to a specific property interest owned by me and identified in the power of attorney, executed by me prior to the date of this power of attorney are revoked. This power of attorney supersedes all powers of attorney not revoked.
4. **NO FEE.** My Attorney-in-Fact shall not be entitled to a fee for services provided as my Attorney-in-Fact, but may be reimbursed for any and all reasonable expenses incurred.
5. **EFFECTIVE IMMEDIATELY.** This power of attorney shall be effective as of the date it is signed.
6. **LIMITATION ON LIABILITY.** My Attorney-in-Fact shall only be liable for actions undertaken in bad faith; provided, however, my Attorney-in-Fact shall be liable for the negligent exercise of any non-health related power, if the exercise of this power involves self-dealing.

7. **REVOCATION.** I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of this county of my domicile a written revocation hereof and copy delivered to my Attorney-in-Fact, in person or by mail, return receipt requested, at the last known address, which shall be deemed delivered.
8. **GUARDIAN.** If protective proceedings are instituted on my behalf or a Guardian is requested to act on my behalf, I name my Attorney-in-Fact to act on my behalf or as my Guardian.
9. **TERMINATION ON DEATH.** Without regard to my mental or physical condition, this Power of Attorney shall continue in effect until revoked or until my death, whichever occurs first.

I executed this instrument on the 26 day of July 2011, consisting of three (3) counterparts, of which this is No. THREE



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Durable General Power of Attorney

Robert F. Tweedle
Law Offices of Robert F. Tweedle
2842 - 45th Street, Suite A, Highland, IN 46322
(219) 924-0770

UNDER PENALTIES FOR PERJURY, WE, the undersigned (being the Declarant and the witnesses, respectively) declare:

1. That the Declarant executed the instrument as the Declarant's Durable General Power of Attorney.
2. That, in the presence of all witnesses, the Declarant signed or acknowledged the Declarant's signature already made or directed another to sign for the Declarant in the Declarant's presence.
3. That the Declarant executed the Durable General Power of Attorney as the Declarant's free and voluntary act, for the purposes expressed in it.
4. That each of the witnesses, in the presence of the Declarant and of each other, signed the Durable General Power of Attorney as witnesses.
5. That the Declarant was personally known to me, and was of sound mind.
6. That, to the best of their knowledge, the Declarant, at the time, was at least eighteen (18) years of age.
7. That each of the witnesses hereby attest to the following: I am competent; I am at least eighteen years of age; I am not a parent, spouse, or child of the Declarant; I am not, to the best of my knowledge, entitled to any part of the Declarant's estate; and, I am not directly financially responsible for the Declarant's financial or medical care.

Helen Hieber
Helen Hieber

Robert F. Tweedle
Robert F. Tweedle
2842 - 45th Street, Suite A, Highland, IN 46322

Kimberly A. Seitzinger
Kimberly A. Seitzinger
2842 - 45th Street, Suite A, Highland, IN 46322

STATE OF INDIANA,
COUNTY OF LAKE, SS:



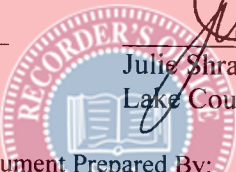
JULIE SHRADER
Lake County
My Commission Expires
August 19, 2011

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The undersigned, a Notary Public in and for the above County and State, certifies and witnesses that the above signed individuals, who are personally known to me to be the same persons whose names are subscribed to this instrument, appeared before me in person and acknowledged their signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

Date: 8-26-11

My Commission Expires: August 19, 2011



Julie Shrader
Julie Shrader, Notary Public
Lake County Resident

Document Prepared By:
Robert F. Tweedle
Attorney ID No. 20411-45

Durable General Power of Attorney

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