

incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated NOV. 13, 2009 at _____

X YOUR SIGNATURE: _____

MARK OF Hector A. Jimenez Jr.

YOUR PRINTED FULL LEGAL NAME:

Hector D. Jimenez Jr.

WITNESS' SIGNATURE:

Diana Jimenez

WITNESS' SIGNATURE:

Melissa Boyd

WITNESS' PRINTED FULL LEGAL NAME:

Diana Jimenez

WITNESS' PRINTED FULL LEGAL NAME:

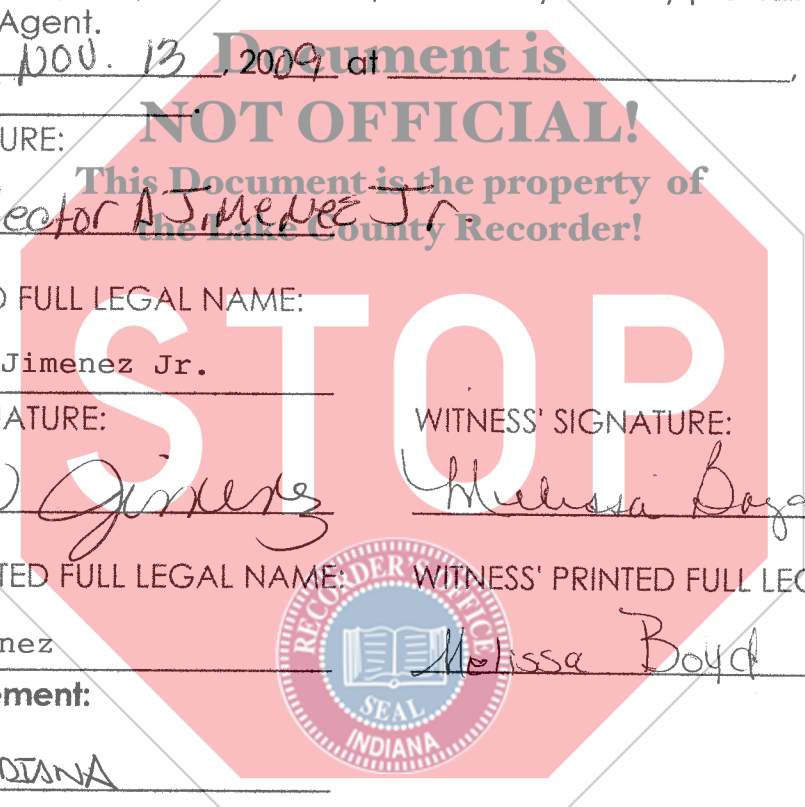
Melissa Boyd

Acknowledgement:

STATE OF INDIANA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 13th day of NOVEMBER, 2009 by DIANA JIMENEZ [YOUR FULL LEGAL



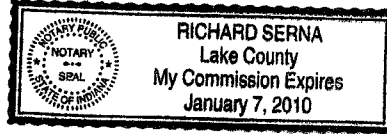
NAME], who is personally known to me or who has produced _____ as identification.

Signature of person taking acknowledgment
Richard Serina

Name typed, printed, or stamped
RICHARD SERINA

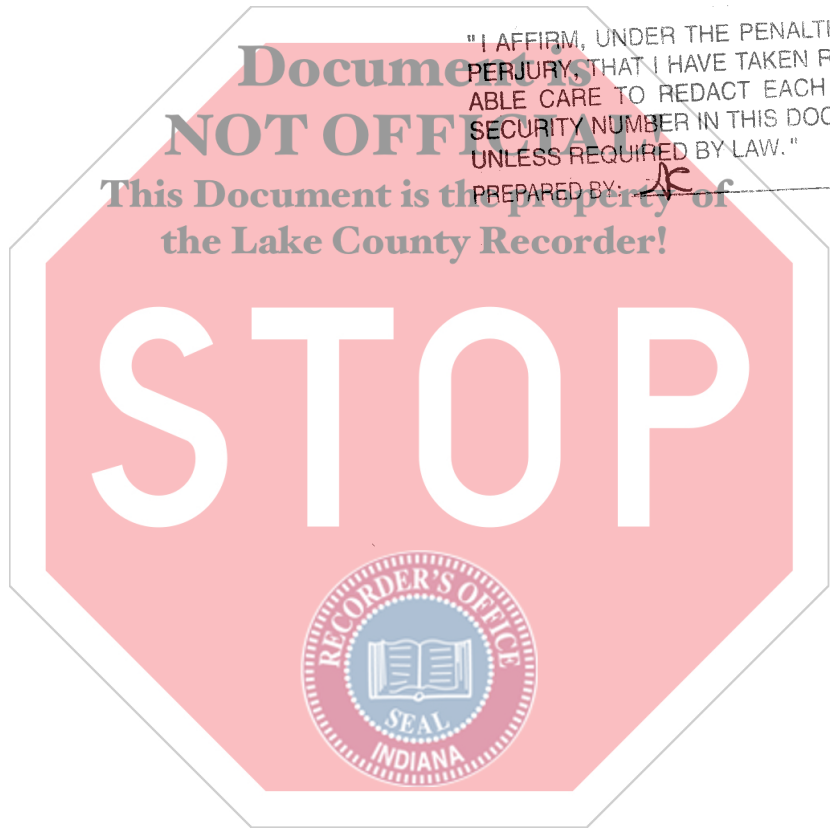
Title or rank
PERSONAL BANKER / NOTARY PUBLIC

Serial number (if applicable)



This document was prepared by:

Name: DIANA JIMENEZ
Address: 1015 E. COLUMBIA
GRIFFITH, IN 46319



"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."

PREPARED BY: *AK*

Exhibit "A"
Legal Description

The land referred to herein below is situated in the county of LAKE, State of IN and is described as follows:

ALL THAT PARCEL OF LAND IN CITY OF GRIFFITH, LAKE COUNTY, STATE OF INDIANA, AS DESCRIBED IN DEED DOC # 1997-4344, ID# 45-07-35-480-005.000-006, BEING KNOWN AND DESIGNATED AS:

LOTS 1, 2 AND 3, BLOCK 4, BALLARD'S ADDITION, IN THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 2, PAGE 62, IN LAKE COUNTY, INDIANA.

PROPERTY ADDRESS: 1015 E COLUMBIA AVE, GRIFFITH, IN 46319

Tax/Parcel ID: 45-07-35-480-005.000-006

