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POWER OF ATTORNEY

OF

DANIEL FLICK

TO

JANA R. CAUDILL

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

2013 055018

I, as principal, designate and name JANA R. CAUDILL to be my attorney in fact.

A. **Powers.** According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them: real property transactions (IC 30-5-5-2); tangible personal property transactions (IC 30-5-5-3); banking transactions (IC 30-5-5-5); records, reports, and statements (IC 30-5-5-14); all other matters (IC 30-5-5-19); as such powers relate to and are required to administer, manage, lease, sell and perform all other necessary or prudent acts relating to the following real estate:

Lot 38 in Feather Rock Phase 1, as per plat thereof, recorded in Plat Book 96, page 36, in the Office of the Recorder of Lake County, Indiana.
Parcel No.: 45-16-19-279-004.000-042
More commonly known as: 827 Pingel Place, Crown Point, IN 46307

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

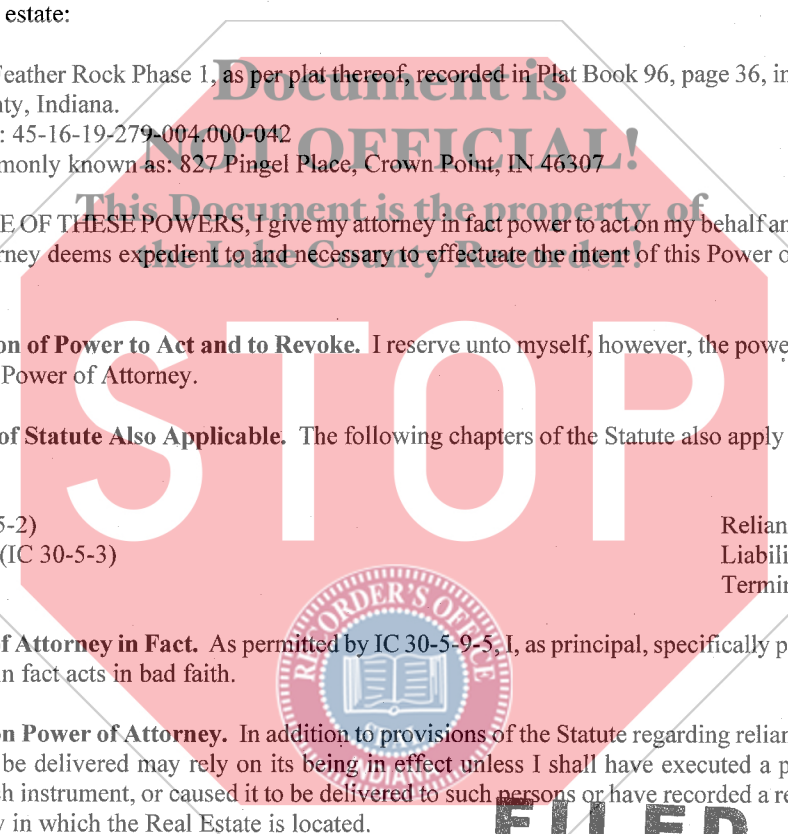
B. **Reservation of Power to Act and to Revoke.** I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. **Chapters of Statute Also Applicable.** The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

- | | |
|--------------------------------|--------------------------|
| Definitions (IC 30-5-2) | Reliance (IC 30-5-8) |
| General Provisions (IC 30-5-3) | Liabilities (IC 30-5-9) |
| Duties (IC 30-5-6) | Termination (IC 30-5-10) |

D. **Liability of Attorney in Fact.** As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. **Reliance on Power of Attorney.** In addition to provisions of the Statute regarding reliance, all other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered to such persons or have recorded a revocation of such in the office of the Recorder of the county in which the Real Estate is located.



2013 JUL 29 AM 11:53
 REC'D
 P. BROWN
 RECORDER

FILED

JUL 29 2013

PTS13-6974

WHEN RECORDED RETURN TO:
PROFESSIONALS' TITLE SERVICES, LLC
9195 BROADWAY
MERRILLVILLE, IN 46410

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004551

14
 AC Non-comp.
 CL 1062
 PTS

F. **Duration of Power of Attorney.**

This Power of Attorney terminates on July 19th, 2013, at midnight.

G. **Revocation of Prior Powers.**

I do not revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney.

H. **Binding Effect.**

Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

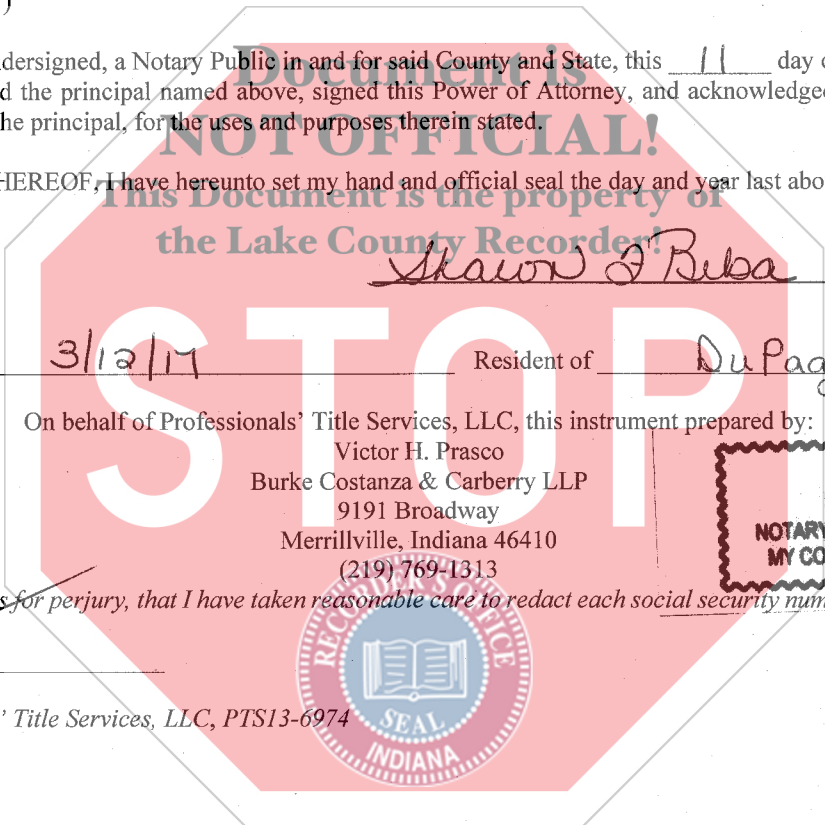
Signed this 11 day of July, 2013.

Michael Joseph Field
 PRINCIPAL'S SIGNATURE
827 Pingel Pl
 PRINCIPAL'S STREET OR OTHER ADDRESS
Crown Point, IN 46307
 PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF Illinois)
)
 COUNTY OF Cook) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 11 day of July, 2013 personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, 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.



Sharon F Reba
 , Notary Public

My Commission Expires: 3/12/17 Resident of DuPage County. IL

On behalf of Professionals' Title Services, LLC, this instrument prepared by:
 Victor H. Prasco
 Burke Costanza & Carberry LLP
 9191 Broadway
 Merrillville, Indiana 46410
 (219) 769-1313



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.

By: [Signature]

As agent for Professionals' Title Services, LLC, PTS13-6974

