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GENERAL DURABLE POWER OF ATTORNEY

A.K.A- MAE SWEENEY

By this General Durable Power of Attorney, I, MAE O. SWEENEY, of Porter County, State of Indiana, being at least 18 years of age and mentally competent, 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 as it shall be amended in the future.

1. APPOINTMENT:

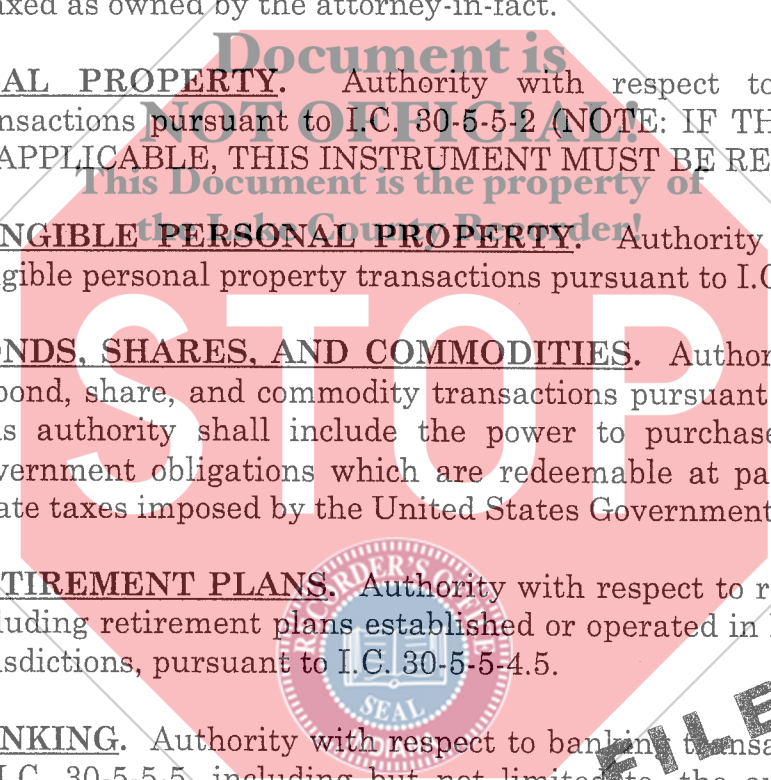
I do hereby designate DOUGLAS SWEENEY, of Porter County, State of Indiana, my true and lawful attorney-in-fact.

2. POWERS:

I give to my 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 and which would cause that property to be taxed as owned by the attorney-in-fact.

- 2.1 REAL PROPERTY. Authority with respect to real property transactions pursuant to I.C. 30-5-5-2 (NOTE: IF THIS PROVISION IS APPLICABLE, THIS INSTRUMENT MUST BE RECORDED.)
- 2.2 TANGIBLE PERSONAL PROPERTY. Authority with respect to tangible personal property transactions pursuant to I.C. 30-5-5-3.
- 2.3 BONDS, SHARES, AND COMMODITIES. Authority with respect to bond, share, and commodity transactions pursuant to I.C. 30-5-5-4. This authority shall include the power to purchase United States Government obligations which are redeemable at par in payment of estate taxes imposed by the United States Government.
- 2.4 RETIREMENT PLANS. Authority with respect to retirement plans, including retirement plans established or operated in Indiana or other jurisdictions, pursuant to I.C. 30-5-5-4.5.
- 2.5 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 safe deposit boxes in my name, and to open, inspect, inventory, place items in or remove items from and close said safe deposit boxes.

I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL
Cathy & Coleman - Meridian Title Corp



2013 088766

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 DEC 12 AM 9:36
MICHAEL S. PROFFER
RECORDER

FILED
DEC 12 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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- 2.6 **BUSINESS.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.
- 2.7 **INSURANCE.** Authority with respect to insurance transactions pursuant to I.C. 30-5-5-7. This authority shall include full power to apply for and otherwise deal with medicare and medicaid benefits.
- 2.8 **TRANSFERS ON DEATH/PAYABLE ON DEATH TRANSFERS.** Authority with respect to transfer on death or payable on death transfers pursuant to I.C. 30-5-5-7.5.
- 2.9 **BENEFICIARIES.** Authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8.
- 2.10 **GIFTS.** Authority with respect to gift transactions pursuant to I.C. 30-5-5-9.
- 2.11 **FIDUCIARIES.** Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.
- 2.12 **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.
- 2.13 **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to I.C. 30-5-5-12.
- 2.14 **MILITARY SERVICE.** Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13.
- 2.15 **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 required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.
- 2.16 **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15.
- 2.17 **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.

2.18 ALL OTHER MATTERS. Authority with respect to all other possible matters and affairs affecting property owned by me pursuant to I.C. 30-5-5-19.

Notwithstanding the foregoing: (1) In no event shall my attorney-in-fact have the power to benefit himself or herself or any other person in any way that could result in any part of my property to be includable in such attorney-in-fact's gross estate for federal estate tax purposes, or cause any part of my property to be deemed to be the subject of a taxable gift made by such attorney-in-fact personally. (2) In no event shall my attorney-in-fact have the power to make any payment or application which would discharge any legal obligations of my attorney-in-fact personally. (3) In no event shall my attorney-in-fact possess or have the power to exercise any incident of ownership with respect to any policy I own insuring the life of my attorney-in-fact.

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

3. EFFECTIVE DATE:

This Power of Attorney shall become effective on the date of its execution and shall not be affected by my subsequent disability or incapacity.

4. 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 delivered the same to my attorney-in-fact; 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.

FURTHER, I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON WHO, IN GOOD FAITH, ACTS UNDER THIS POWER OF ATTORNEY OR TRANSACTS BUSINESS WITH MY ATTORNEY-IN-FACT IN RELIANCE UPON THIS POWER WITHOUT ACTUAL KNOWLEDGE OF ITS REVOCATION.

5. AUTHORITY OF SUCCESSOR ATTORNEY-IN-FACT:

- 5.1 Any attorney-in-fact hereunder shall be considered to fail to serve, or cease to serve, when:
- 5.1.1 the attorney-in-fact dies;
 - 5.1.2 the attorney-in-fact resigns;
 - 5.1.3 the attorney-in-fact is adjudged incapacitated by a court;
 - 5.1.4 the attorney-in-fact cannot be located upon reasonable inquiry;
 - 5.1.5 the attorney-in-fact, if at one time the principal's spouse, legally is no longer the principal's spouse; or
 - 5.1.6 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.

- 5.2 In the event any individual named herein fails to serve, or ceases to serve, as my attorney-in-fact, such individual shall have no further power under this instrument (except for such power as may be delegated to such individual by my then acting attorney-in-fact). This shall be the case even if such individual shall reappear after establishment that he or she could not be located upon reasonable inquiry or if he or she is subsequently able to transact business.

6. 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 15TH day of February, 2012.

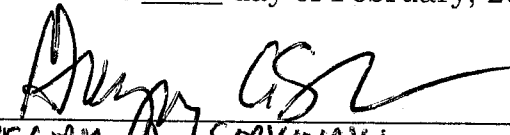
AKA. MAE SWEENEY

Mae O. Sweeney
MAE O. SWEENEY
Soc. Sec. No. [REDACTED]

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

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

WITNESS my hand and Notarial Seal this 15TH day of February, 2012.



GREGORY A. SOBKOWSKI, Notary Public
A Resident of PORTER County

My Commission Expires:
10/27/14

This Instrument Prepared By: Gregory A. Sobkowski
Attorney at Law
8700 Broadway
Merrillville, IN 46410



78744.1

EXHIBIT "A"

Property Address: 2949 Orchard Drive, Hammond, IN 46323
File No.: 13-43728

Lot Numbered 2 in Peoples Addition to Hammond, as per plat thereof, recorded in Plat Book 24, page 28 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
26-35-0391-0002 45-07-09-454-033.000-023

