## **General Power of Attorney**

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED OR INCAPACI-TATED. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, toostworthy and

competent to manage your affairs.  Document is	
I, ED L. LEWISTOF, of 4707 Hoppe	
City of DURHAM This Doc, State of NORTH CAROLINA	, as principal, do hereby
appoint: Alm A V. White Count of Nel 29 WHITE	MB STREET,
City of GARY, State of TNDIAWA	my attorney-in-fact
to act in my name, place and stead in any way which I myself could do, if I were personally	present, with respect to
the following matters to the extent that I am permitted by law to act through an agent:	
(a) real estate transactions;	
(b) goods and services transactions;	
(c) bond, share and commodity transactions;	
(d) banking transactions;	# . ,
(e) business operating transactions;	P/6
(f) insurance transactions;	A
(g) estate transactions;	CK209
(h) claims and litigation; (i) personal relationships and affairs;  DEC 0 3 2013	50
(i) personal relationships and affairs;	IA (S)
(i) benefits from military service;	) <sub>K</sub>
(i) personal relationships and affairs;  (j) benefits from military service;  (k) records, reports and statements;  DEC U A DE	6793 B NOW
(1) retirement benefit transactions;	6793 B NOT
(m) making gifts to my spouse, children and more remote descendants, and parents	;
	NOVA General POA Pg.1 (01-09)

(n) tax matters;		
(o) all other matters;		
(p) full and unqualified authority to my a person or persons whom my attorney-in-fact sha		r all of the foregoing powers to any
(q) unlimited power and authority to act	in all of the above situations (a)	through (p)
If the attorney-in-fact named above is unable or	unwilling to serve, I appoint	N/A ,
of	, City of	, State of
	be my attorney-in-fact for all pu	
To induce any third party to rely upon this power facsimile of this power of attorney may rely upon ney shall be ineffective as to such third party unthave been received by such third party. I, for my agree to indemnify and hold harmless any such the party by reason of such third party having relied	n such copy, and that revocation of a line in actual notice or knowledge of self and for my heirs, executors, hird party from any and all claim	or termination of this power of attor- such revocation or termination shall legal representatives and assigns, s that may arise against such third
This power of attorney shall not be effective in the ney may be revoked by me at any time and is aut be compensated for his or her services nor shall assigns for acting or refraining from acting under Dated: 12-6-2011	tomatically revoked upon my dea my attorney-in-fact be liable to m r this document, except for willfu	th. My attorney-in-fact shall not ae, my estate, heirs, successors, or al misconduct or gross negligence.
Signature and Declaration of Principal Ocu	ment is the property	of
I, ED L. LEWIS Lak	, the principal, sign	my name to this power of attorney
this 6th day of December 30	and, being first duly s	sworn, do declare to the undersigned
authority that I sign and execute this instrument a	as my power of attorney and that	I sign it willingly, or willingly direct
another to sign for me, that I execute it as my fre	e and voluntary act for the purpor	ses expressed in the power of attor-
ney and that I am eighteen years of age or older,	of sound mind and under no cons	traint or undue influence.
ED J. Lewis		
Signature of Principal	THUER'S OF	
Witness Attestation		
I, Balke M. Oudlet	, the first witness, and I,	Im Dusley.
the second witness, sign my name to the foregoin	g power of attorney being first du	nly sworn and do declare to the
undersigned authority that the principal signs and	executes this instrument as his/h	er power of attorney and that he/she
signs it willingly, or willingly directs another to s	ign for him/her, and that I, in the	presence and hearing of the princi-
pal, sign this power of attorney as witness to the	orincipal's signing and that to the	best of my knowledge the principal
is eighteen years of age or older, of sound mind a	nd under no constraint or undue	influence.
Signature of First Witness	Signature of Second Wi	Derder
( )		)

Notary Acknowledgment
State of NORTH CAROLINA County of ALAMANCE
Subcribed, sworn to and acknowledged before me by, the Principal
and subscribed and sworn to before me by Levan M. Cushes , witness, this
day of December 2011.
Bollie H. McNell Notary Signature
BODDI G. Michell
Notary Public, Notary Public Alamance County
In and for the County of Hamanace, State of North Carelina
State of North CAROLINA  My Commission Expires 2-10-12
My commission expires: $\frac{02/10/2013}{}$ Seal
Acknowledgment and Acceptance of Appointment as Attorney-in-Fact
I, A/MA V. WHITE have read the attached power of attorney and am the
region identified as the attorney in-fact for the principal. I hereby acknowledge that I accept my appointment as At-
torney in Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the
assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a
full and accurate record of all actions, receipts and disbursements on behalf of the principal.
10 1/ Manto the Lake Count Recorder 10, 2011
Signature of Attorney-in-Fact  Date
Signature of Attorney in 1 act
Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact
I, have read the attached power of attorney and am the
person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appoint-
ment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the
attorney, when I act as agent I shall exercise the powers for the benefit of the principal, I shall keep as full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate principal separate from my assets and the properties of the proper
rate record of all actions, receipts and disbursements on behalf of the principal.
rate record of an actions, recorpts and disouternation
Signature of Successor Attorney-in-Fact Date