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SPECIAL SPRINGING POWER OF ATTORNEY

I, JUANITA M. KEESEE, hereby appoint GEORGE R. KEESEE, to serve as my attorney-in-fact (my "Agent"). In the event GEORGE R. KEESEE is unable, unwilling or unavailable to serve as my attorney-in-fact, I then appoint TWYLA RENEE KEESEE STENGER as my successor attorney-in-fact, giving to my Agent the power to accomplish the following acts in my name and for my benefit, as follows:

1. My Agent may receive funds from the Trustee of my revocable living trust, and make distribution of said funds pursuant to the powers granted herein. My Agent is also authorized to direct my Trustee to make a distribution pursuant to the powers reserved by me in Article 4, Section 1 to amend, revoke, or withdraw from my Trust. The formal name of my revocable living trust is as follows:

JUANITA M. KEESEE and GEORGE R. KEESEE, Trustees or their successors in trust, under the JUANITA M. KEESEE LIVING TRUST, dated JUNE 3, 2002, and any amendments thereto.

2. My Agent may make a gift or gifts on my behalf at any time or times of any or all of my assets, cash, property or interests in property, including any right to change the beneficiary on any policy of life insurance I may own, to or for the benefit of those beneficiaries, and in the same proportions, who would receive distributions under my above-listed revocable living trust, were I to be considered deceased as of the date of the gift(s), for the purposes my Agent considers to be in my best interest, including, without limitation, the minimization of income, estate, inheritance or gift taxes. Gifts may be made either outright or through other funding vehicles, including, without limitation, irrevocable trusts, charitable lead or charitable remainder trusts, family limited partnerships and limited liability companies. My Agent shall not be limited by the annual federal gift tax exclusion, as that term is defined in the Internal Revenue Code at the time of the gift, and is specifically authorized to make a gift or gifts in excess of said exclusion.

3. The creation of any trust or trusts.
4. To make a transfer pursuant to I.C. 30-2-8-5, commonly known as the Indiana Uniform Transfers to Minors Act, or under any similar law of another jurisdiction.
5. To disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, estate or intestate succession; to release or abandon any property or powers which I may now or hereafter own, including any interests in or rights over trusts (including the right to alter, amend, revoke, or terminate). In exercising such discretion, my Agent may take into account such matters as shall include, but shall not be limited to,

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MICHAEL BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Chicago Title Insurance Company

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JAN 23 2014

PEGGY HOLLINGA KATONA
LAKE COUNTY AUDITOR

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DW
Nov-2014

any reduction in testate or inheritance taxes on my estate, the effect on my public benefits to which I may be or may become entitled, and the effect of such renunciation or disclaimer upon persons who receive the renounced or disclaimed property.

6. The use of any financial and estate planning devices I, myself, might use were I personally present, competent and acting in my own behalf.
7. To purchase any type of property that is considered to be an exempt resource under 405 IAC 2-3-15, the Indiana Client Eligibility System (ICES) Program Policy Manual or any federal or state law, regulation, rule, or mandate affecting public benefits in the state of Indiana.
8. To purchase, from a reputable insurance company, a non-assignable, non-cancelable single premium, irrevocable straight life commercial annuity.

The estate and financial planning powers herein conferred are for the purpose of providing for my spouse and other beneficiaries of my estate plan, reducing tax liability, or preserving assets for use by my spouse or other beneficiaries of my estate plan in the event I require long-term health care.

In carrying out the powers granted herein, my Agent shall be guided by the standard that these powers are designed, in part, for the preservation of my assets and my Agent shall exercise such powers in such a way as to provide for my best interests and the best interests of the beneficiaries of my estate plan. My Agent may exercise any and all powers conferred herein without any prohibition against self-dealing.

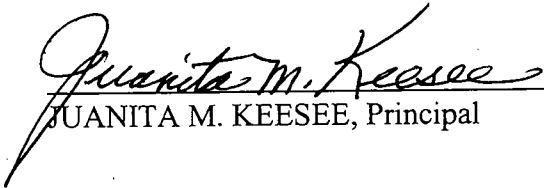
I request, but do not require, that my Agent consult with counsel knowledgeable about public and private benefits that may be available to me before exercising any powers conveyed herein.

The authority granted my Agent herein shall only be effective when I am disabled, as determined pursuant to the terms of Article 4, Section 2a, of my revocable living trust. Presentation of an Affidavit of Trust by the trustees of my revocable living trust describing the terms and conditions which establish my disability, and that such terms and conditions have been satisfied, shall serve as conclusive evidence of my disability.

If any provision of this Special Springing Power of Attorney is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this document. The remaining provisions shall be fully severable, and this document shall be construed and enforced as if the invalid provision had never been included in my Special Springing Power of Attorney.

I have consulted with legal counsel, am fully informed as to all the contents of this document, and understand the full import of the grant of these powers to the person or persons named herein.

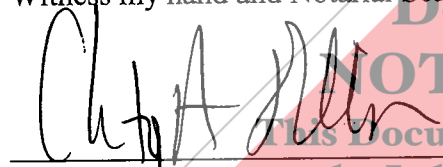
IN WITNESS WHEREOF, I have executed this Special Springing Power of Attorney on
JUNE 3, 2002.



JUANITA M. KEESEE, Principal

STATE OF INDIANA)
), ss:
COUNTY OF PORTER)

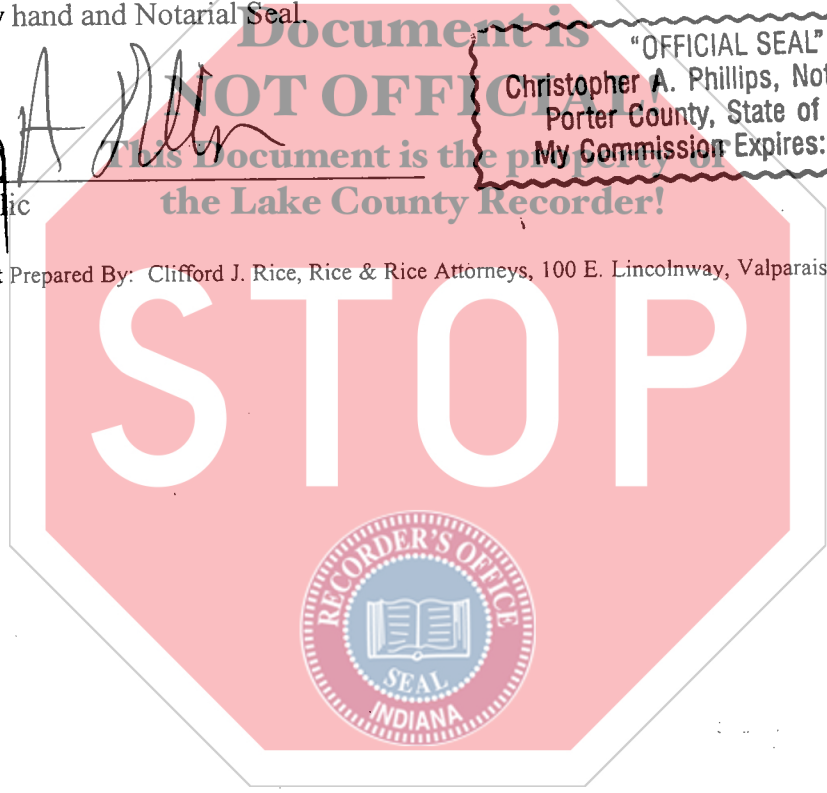
The foregoing Special Springing Power of Attorney was signed and
acknowledged before me on JUNE 3, 2002, by JUANITA M. KEESEE, Principal.
Witness my hand and Notarial Seal.



Notary Public

"OFFICIAL SEAL"
Christopher A. Phillips, Notary Public
Porter County, State of Indiana
My Commission Expires: 6/26/09

This Document Prepared By: Clifford J. Rice, Rice & Rice Attorneys, 100 E. Lincolnway, Valparaiso, Indiana 46383,
219-462-0809.



PHYSICIAN STATEMENTS

The undersigned, two board certified physicians holding licenses to practice medicine in the State of Indiana, submit the following report on JUANITA M. KEESEE (Date of Birth – May 11, 1937), based upon examination of the Patient, consultation with colleagues, and/or review of the patient's medical chart and records:

In our professional opinion, the above mentioned patient is, at this time, incapacitated or disabled because of illness, age, or other cause which has resulted in his inability to effectively manage his property or financial affairs.

In our professional opinion, the above mentioned patient is, at this time, of sound mind, and is of sufficient mental capacity to effectively manage his property and financial affairs.

Other specifics forming the basis of this conclusion, in part, include the following:

We affirm, the above and foregoing is true and correct to the best of our knowledge and belief.

Signature *[Signature]* Date 4/11/13 Signature _____ Date _____

Name Printed John A. Morrow MD Name Printed _____

Address 8895 Broadway Address _____

City, State, Zip Merrillville IN 46410 City, State, Zip _____

Telephone 219-736-4658 Telephone _____

