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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2014 FEB 11 AM 8:36

MICHAEL B. BROWN
RECORDER

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT

Instrument Prepared By:

Donald Stepanovich
Attorney No. 709-45
9719 Prairie Avenue
Highland, Indiana 46322
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

When Recorded Return to:

First American Title Insurance Company
Attn: Katherine Hahm
30 N LaSalle Street, Suite 2700
Chicago, IL 60602

STOP

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FEB 07 2014



PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

First American Title Order #

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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT

Comes now Donald Stepanovich and upon being duly sworn, states as follows.

1. My name is Donald Stepanovich and I am Indiana licensed attorney number 709-45 and my office is at 9719 Prairie Ave., Highland, Indiana.
2. I am the attorney who prepared the General Power of Attorney for my client and friend George Michels which power of attorney is dated January 14, 2011 and which was notarized by my secretary Debra A. Otte.
3. I misspelled the name of the Attorney in fact named in paragraph one of the document. I spelled James Michels' name as "James Michel" leaving off the letter "s".
4. This was a clerical error on my part and I know that James Michels and the James "Michel" mentioned in the document are one and the same person.
5. I will indemnify all parties who rely on this affidavit if my statements here are not true


Donald Stepanovich

On the 4 day of December 2013 Donald Stepanovich personally appeared before me, a Notary Public in and for Lake County, Indiana and he personally swore to the facts in this affidavit and executed it in my presence.




Notary Public
Resident of Lake County, Indiana



My Commission Expires: 03/10/16

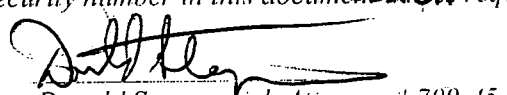
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I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security number in this document as required by law.

PEGGY HOUNGA-KAPONA
LAKE COUNTY AUDITOR


Donald Stepanovich Attorney # 709-45

NCS 602855

COPY

GENERAL POWER OF ATTORNEY

BY THIS POWER OF ATTORNEY, I, George Michels, name attorneys-in-fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future. I hereby revoke any powers of attorney executed by me prior to the date of this Power of Attorney.

1. As my attorneys-in-fact, I name my sons, George Michels Jr., whose present address and telephone number are 13939 Husenman, Cedar Lake, IN 46303 (219-374-6708) and James Michel, whose present address and telephone number as of this date are: 8421 Manor, Apt. 202, Munster, IN 46321 (219-682-7348). Either of my attorneys in fact may act independently on my behalf without consulting the other. No one need rely on having the consent of both of my attorneys to act in my stead.

2. My attorneys-in-fact shall only be liable for actions undertaken in bad faith.

3. This Power of Attorney shall be effective immediately upon my signing.

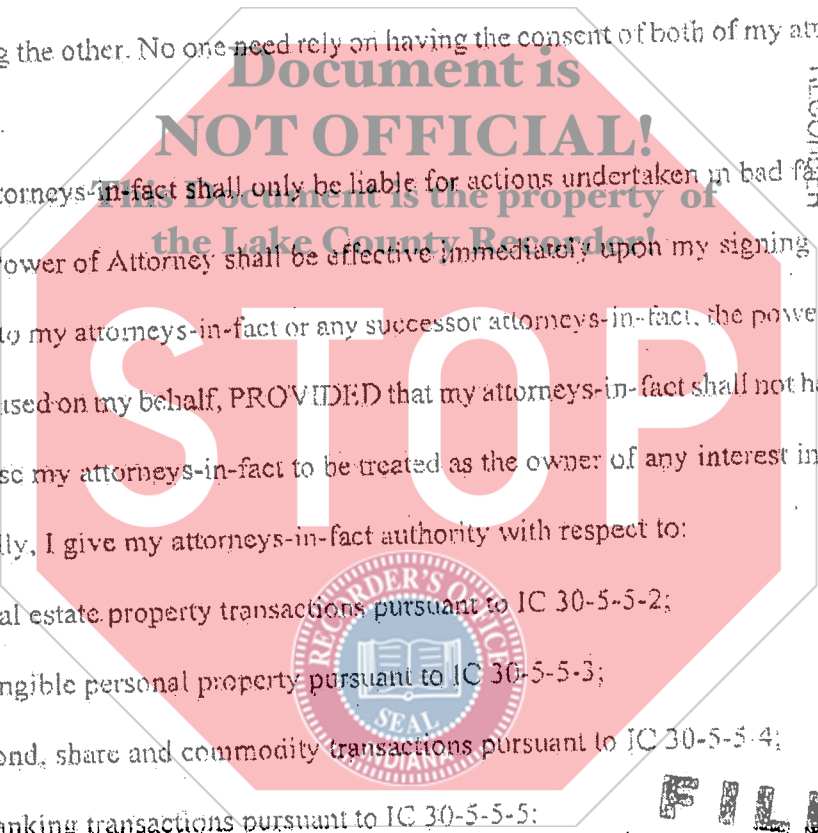
4. I give to my attorneys-in-fact or any successor attorneys-in-fact, the powers specified in this section to be used on my behalf, PROVIDED that my attorneys-in-fact shall not have any power which would cause my attorneys-in-fact to be treated as the owner of any interest in my property.

Specifically, I give my attorneys-in-fact authority with respect to:

- a. real estate property transactions pursuant to IC 30-5-5-2;
- b. tangible personal property pursuant to IC 30-5-5-3;
- c. bond, share and commodity transactions pursuant to IC 30-5-5-4;
- d. banking transactions pursuant to IC 30-5-5-5;
- e. business operating transactions pursuant to IC 30-5-5-6;

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STATE OF INDIANA
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

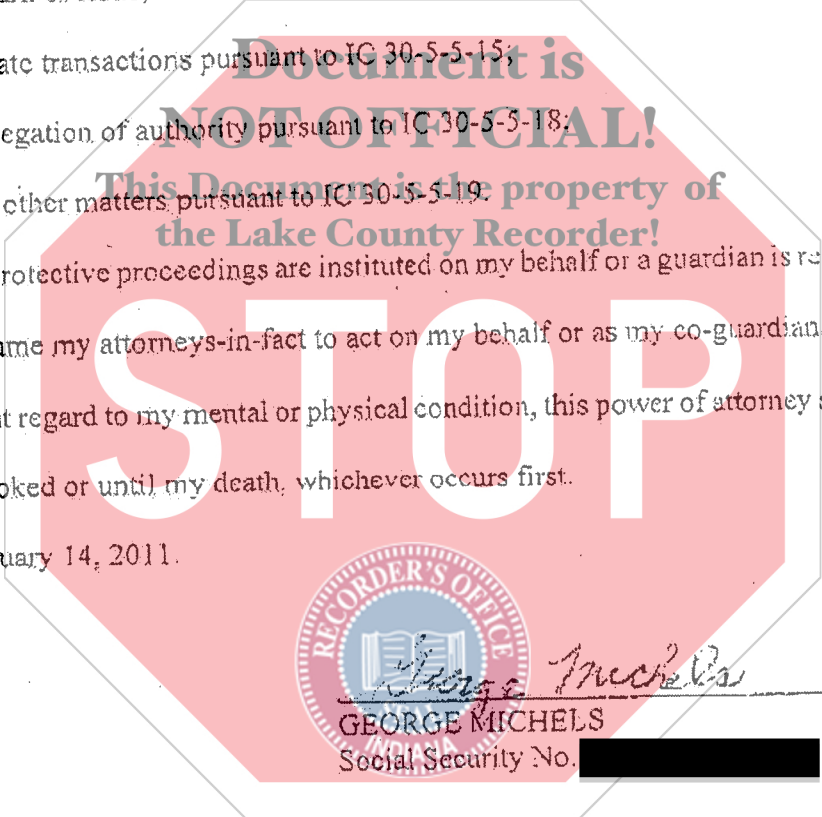
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- f. insurance transactions pursuant to IC 30-5-5-7 as amended;
- g. beneficiary transactions pursuant to IC 30-5-5-8;
- h. gift transactions pursuant to IC 30-5-5-9;
- i. fiduciary transactions pursuant to IC 30-5-5-10;
- j. pursuing claims and litigation pursuant to IC 30-5-5-11;
- k. family maintenance pursuant to IC 30-5-5-12
- l. benefits from military service pursuant to IC 30-5-5-13;
- m. records, reports and statements pursuant to IC 30-5-5-14 including 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;
- n. estate transactions pursuant to IC 30-5-5-15;
- o. delegation of authority pursuant to IC 30-5-5-18;
- p. all other matters pursuant to IC 30-5-5-19;

5. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorneys-in-fact to act on my behalf or as my co-guardians.

7. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

Date: January 14, 2011.



STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

The undersigned, a Notary Public in and for the above County and State, residing in Lake County, Indiana, certifies and witnesses that the above signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: JANUARY 14, 2011.

Shirley A. Otte
Shirley A. Otte Notary Public
Resident of Lake County

