

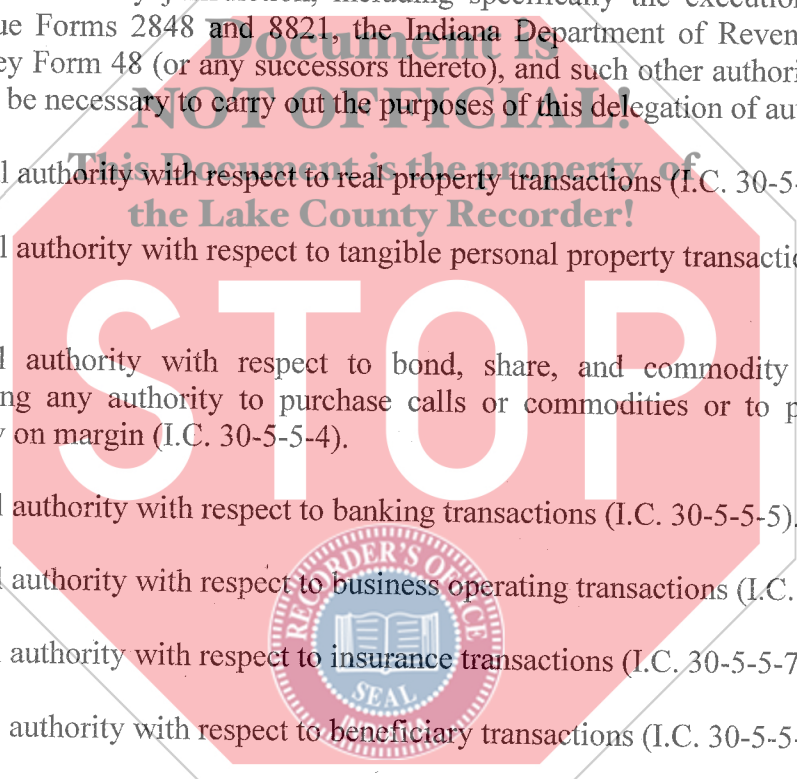
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GENERAL DURABLE POWER OF ATTORNEY

I, JAMES M. SLAWNIKOWSKI, an adult unmarried male, of 1822 Central Avenue, City of Whiting, Lake County, State of Indiana, being at least eighteen (18) years of age, having been born on June 10, 1946, and mentally competent, do hereby designate my only child, JAMES M. SLAWNIKOWSKI, II, who was born on October 9, 1978, of 2210 Dixon Drive, Apt. N, City of Valparaiso, Porter County, State of Indiana, as my true and lawful attorney-in-fact or agent. I confer upon said attorney-in-fact, my Agent, the following authority under I.C. 30-5-5:

I revoke any and all Powers of Attorney created by me prior to this date

1. Authority to receive confidential information; to prepare, sign, and file tax return forms 1040, 1040X, IT40, and IT40X for any and all years, past, present or future; and to at any time perform any and all other acts before the taxing authorities of any jurisdiction, including specifically the execution of Internal Revenue Forms 2848 and 8821, the Indiana Department of Revenue Power of Attorney Form 48 (or any successors thereto), and such other authorization forms as may be necessary to carry out the purposes of this delegation of authority.
2. General authority with respect to real property transactions (I.C. 30-5-5-2).
3. General authority with respect to tangible personal property transactions (I.C. 30-5-5-3).
4. General authority with respect to bond, share, and commodity transactions, excluding any authority to purchase calls or commodities or to purchase any security on margin (I.C. 30-5-5-4).
5. General authority with respect to banking transactions (I.C. 30-5-5-5).
6. General authority with respect to business operating transactions (I.C. 30-5-5-6).
7. General authority with respect to insurance transactions (I.C. 30-5-5-7).
8. General authority with respect to beneficiary transactions (I.C. 30-5-5-8).
9. General authority with respect to gift transactions (I.C. 30-5-5-9).
10. General authority with respect to fiduciary transactions (I.C. 30-5-5-10).



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 MICHAEL B. DUNN
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 LAKE COUNTY
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LAKE COUNTY AUDITOR

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11. General authority with respect to claims and litigation (I.C. 30-5-5-11).
12. General authority with respect to family maintenance (I.C. 30-5-5-12).
13. General authority with respect to benefits from military service (I.C. 30-5-5-13).
14. General authority with respect to records, reports, and statements (I.C. 30-5-5-14).
15. General authority with respect to estate transactions and estate planning of any and every kind (I.C. 30-5-5-15).
16. General authority with respect to health care, including the withholding or withdrawal of health care in accordance with I.C. 30-5-5-16 and I.C. 30-5-5-17.

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

17. General authority to delegate in writing all or any of the authority granted herein (I.C. 30-5-5-18).
18. General authority to perform any and all acts and execute any and all documents not herein excluded the same as I might do were I then present and competent (I.C. 30-5-5-19).
19. My agent shall have the power to treat all interests which I may have in employee benefit trusts as described in I.C. 30-4-3-2(c), nonqualified deferred compensation arrangements and Individual Retirement Accounts and Annuities as well as any other qualified plans as beneficiary transactions coming within the scope of I.C. 30-5-5-8.

20. To communicate with any and all lawyers that may have represented me in the past, present or future and any communications with my attorney-in-fact shall be treated the same as though the lawyer was communicating with me and any decisions made by the attorney-in-fact shall be treated as though they were decisions made by me.
21. 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 estate plan, 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.
22. The creation of any trust or trusts.
23. 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.
24. 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, any reduction in estate 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.
25. The use of any financial and estate planning devices I, myself, might use were I personally present, competent and acting in my own behalf.
26. 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.

27. To purchase, from a reputable insurance company, a non-assignable, non-cancelable single premium, irrevocable straight life commercial annuity.
28. I further delegate to my attorney-in-fact any and all authority or powers I may have, now or in the future, as acting Trustee in and to any and all Trusts.

The estate and financial planning powers herein conferred are for the purpose of providing for the beneficiaries of my estate plan, reducing tax liability, or preserving assets for use by the 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.

If any provision of this Durable 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 Durable 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.

I hereby ratify and confirm all that my said attorney-in-fact or agent shall do by virtue hereof. My attorney-in-fact may be reimbursed for expenses but shall not be entitled to a fee for services provided.

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of the county of my domicile a written revocation hereof.

I further state that: This Power of Attorney shall not be affected by my subsequent incompetence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 25 day of November, 2013.

James M. Slawnikowski
JAMES M. SLAWNIKOWSKI

STATE OF ILLINOIS)
) SS:
COUNTY OF Cook)

Before me, a Notary Public in and for said County and State, personally appeared JAMES M. SLAWNIKOWSKI, who acknowledged the execution of the foregoing Durable Power of Attorney.

WITNESS my hand and Notarial seal on this 25 day of November, 2013.



Document is the property of the Lake County Recorder!
NOT OFFICIAL!

Jeffrey Shipley
Notary Public:
My Commission Expires: 2/23/2015
Resident County: Cook

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.

Barbara A. Prylatel
Barbara A. Prylatel

Return Recorded Document To:
CLIFFORD J. RICE
RICE & RICE ATTORNEYS
100 LINCOLNWAY STE 1
VALPARAISO, IN 46383

THIS INSTRUMENT PREPARED BY: Clifford J. Rice, RICE & RICE ATTORNEYS, 100 Lincolnway, Suite 1, Valparaiso, IN 46383 Phone: (219) 462-0809.

