

GENERAL DURABLE POWER OF ATTORNEY

I, JAMES PLEMONS, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate PAULINE PLEMONS, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. Powers:

The above named attorney-in-fact shall have the following powers:

To make, draw and indorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

To make and execute any and all contracts;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same;

To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;

To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation or support;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded);

To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or any local government unit and to prepare, sign and file any documents or forms that may be required in these matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

II. Effective date: (delete inapplicable provision)

~~(A) This Power of Attorney shall become effective on the XXXX day of XXXXXXXXXXXXXXXXXXXX, and shall not be affected by my subsequent disability and incompetence.~~

OR

(B) In the event no date is inserted in (A) above, this Power of Attorney shall become effective upon my disability or incompetence.

III. Termination: (delete inapplicable provisions)

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

(A) I have executed and recorded in the Recorder's Office of the County of my domicile a written revocation hereof.

~~(B) The XXXX day of XXXXXXXXXXXXXXXXXXXX.~~

~~(C) XX.~~

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.

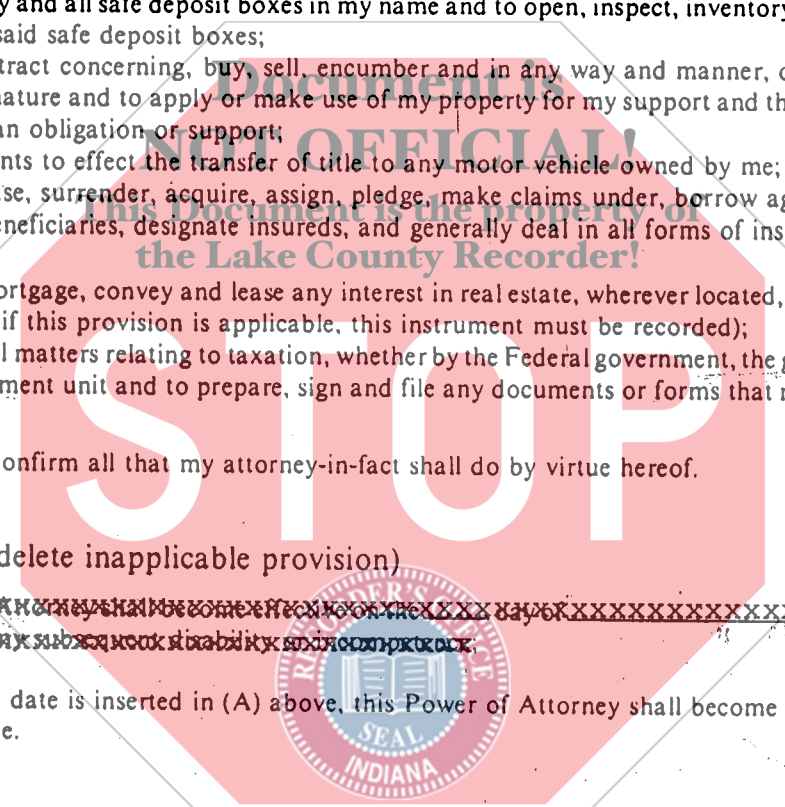
IV. Guardianship: (optional)

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint PAULINE PLEMONS to serve as guardian.

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2014 FEB 26 PM 1:37

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



FILED

FEB 26 2014

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

14-00
CASH

NON CONF
PDT

