

**DURABLE POWER OF ATTORNEY  
OF  
FLORA BELL KELLY**

**ARTICLE I.  
Designation of Agent**

KNOW ALL MEN BY THESE PRESENTS, that I, **FLORA BELL KELLY**, being a mentally competent adult and a resident of Lake County, State of Indiana, do hereby designate and appoint **RANDY DALE KELLEY**, of Griffith, Indiana, as my true and lawful attorney-in-fact, to do and perform for me and in my name, the acts set forth in this document.

In the event that **RANDY DALE KELLEY** fails to qualify as attorney-in-fact or having qualified, should die, resign, or become incapacitated, then I appoint **LONNIE RANDAL KELLY**, to function as successor attorney-in-fact.

**ARTICLE II.  
Revocation of Prior Powers**

I hereby revoke all asset and financial powers of attorney, general and/or limited heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any. However, this revocation shall not apply to any current or previous Health Care Power of Attorney documents.

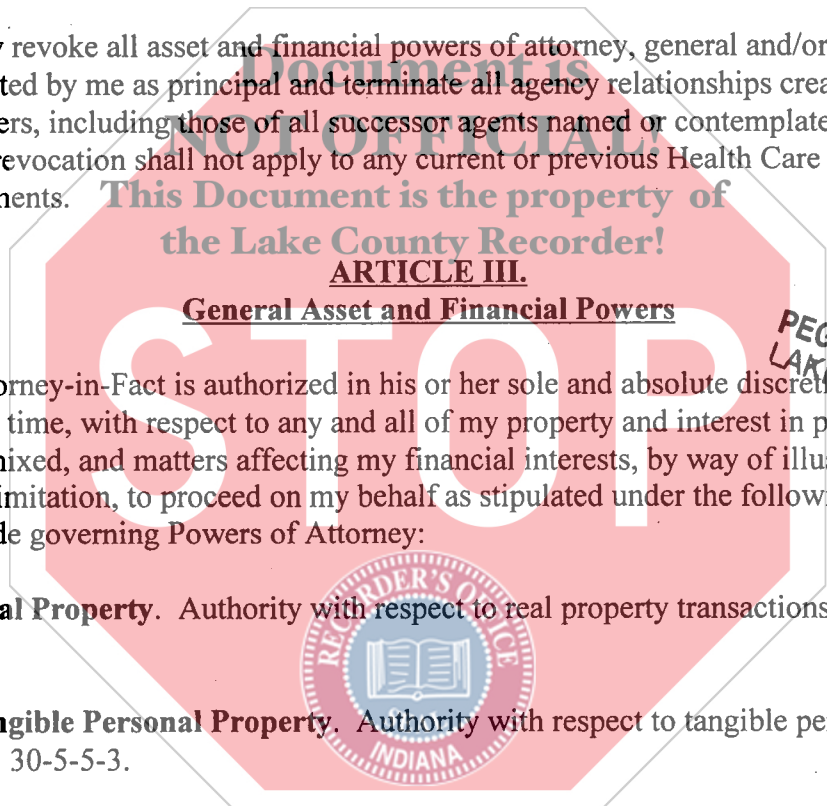
**ARTICLE III.  
General Asset and Financial Powers**

My Attorney-in-Fact is authorized in his or her sole and absolute discretion, from time to time and at any time, with respect to any and all of my property and interest in property, real, personal, and mixed, and matters affecting my financial interests, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated under the following Sections of the Indiana Code governing Powers of Attorney:

- (1) **Real Property.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2.
- (2) **Tangible Personal Property.** Authority with respect to tangible personal property pursuant to I.C. 30-5-5-3.
- (3) **Bond, Share and Commodity.** Authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4.
- (4) **Retirement Plans.** Authority with respect to retirement plans pursuant to I.C. 30-5-5-

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B. BROWNE  
RECORDER  
MAY -9 PM 2:20



**FILED**  
MAY 09 2014

PEGGY HOLINGA  
LAKE COUNTY AUDITOR

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(5) **Banking.** Authority with respect to banking transactions pursuant to I.C. 30-5-5-5.

(6) **Business Transactions.** Authority with respect to business operating transactions pursuant to I.C. 30-5-5-6.

(7) **Insurance.** Authority with respect to insurance transactions pursuant to I.C. 30-5-5-7.

(8) **Beneficiary Transactions.** Authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8.

(9) **Gifts.** Authority with respect to gift transactions pursuant to I.C. 30-5-5-9, except that there shall be no limitation on the amount for which the attorney-in-fact may give to himself/herself.

(10) **Fiduciary Transactions.** Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.

(11) **Claims and Litigation.** Authority with respect to claims and litigation pursuant to I.C. 30-5-5-11.

(12) **Family Maintenance.** Authority with respect to family maintenance pursuant to I.C. 30-5-5-12.

(13) **Military Service.** Authority with respect to benefits from military service pursuant to I.C. 30-5-5-13.

(14) **Records, Reports and Statement.** Authority with respect to records, reports and statements pursuant to I.C. 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.

(15) **Estate Transactions.** Authority with respect to estate transactions pursuant to I.C. 30-5-5-15.

(16) **Delegation of Authority.** Authority with respect to delegating authority pursuant to I.C. 30-5-5-18.

(17) **General Authority For All Other Matters.** Authority with respect to all other matters pursuant to I.C. 30-5-5-19.

**ARTICLE IV.**  
**Limitation on Authority**

The Attorney-in-Fact under this Document shall have no authority with regard to health care powers pursuant to I.C. 30-5-5-16, nor with regard to withdrawing or withholding medical treatment on my behalf pursuant to I.C. 30-5-5-17. These powers have been separately assigned under a Health Care Representative Designation and Health Care Power of Attorney.

**ARTICLE V.**  
**Retention and Scope of Authority**

With respect to this Durable Power of Attorney, it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capability covering such powers and authority, so long as I remain mentally competent.

This power of attorney shall continue, unless specifically revoked by me, until my death, and shall not be affected by my subsequent disability or incapacity, or lapse of time.

**ARTICLE VI.**  
**Third Party Reliance**

Anyone dealing with an attorney-in-fact named herein will be protected, in the absence of actual knowledge to the contrary, in presuming that this instrument of agency was validly executed and that I was competent at the time of execution. No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs, or assigns for recognizing such representations or authority.

**ARTICLE VII.**  
**Nomination of Guardian**

In the event a judicial proceeding is brought to establish a guardianship over my estate, I hereby nominate my Attorney-in-Fact, designated and appointed under this document, to be the guardian of my estate. I have separately nominated a guardian over my person in my Health Care Representative Designation and Health Care Power of Attorney.

**ARTICLE VIII.**  
**Miscellaneous Provisions**

(1) This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.

(2) My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provision of this instrument.

(3) My Attorney-in-Fact, acting in good faith hereunder, is hereby released and forever discharged from any and all liability and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representative, or estate arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

(4) Each photocopy shall have the same force and effect as the original.

(5) If any part of provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective without affecting the remaining parts or provision of this instrument.

(6) This instrument and action taken by my Attorney-in-Fact properly authorized hereunder shall be binding upon me, my heirs, successor, assigns, legates, guardians, and personal representatives.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10<sup>th</sup> day of September, 2013.

