

DURABLE GENERAL POWER OF ATTORNEY

GIVEN BY

DOROTHY E. BARR

I, DOROTHY E. BARR, now residing in Lake County, Indiana, do hereby make, constitute and appoint JEFFREY A. BARR my true and lawful Attorney (hereinafter sometimes referred to in the singular as "my Attorney") and in my name, place and stead, to exercise all or any of the following powers, upon such terms and conditions as my Attorney, in his sole discretion, deems appropriate. In the event JEFFREY A. BARR fails to qualify or ceases to serve I appoint PAMELA J. BARR to serve as successor attorney-in-fact in his/her stead.

1. AUTHORITY TO MANAGE AND SELL. To manage, control, lease, mortgage, encumber, transfer, sell, convey, exchange or otherwise dispose of any or all property or interest or estate in property to which I am now or may hereafter become entitled, regardless of the nature of such property, whether real, personal or mixed and regardless of the character or extent of my interest or estate therein, and for the purpose of the foregoing to execute, acknowledge and deliver in my name any and all instruments of conveyance, deeds of trust, or assignments in such form and with such warranties and covenants as my Attorney, in his sole discretion, deems appropriate.

2. AUTHORITY TO CONTRACT. To contract, agree for, purchase, receive and make any property or interest or estate in property, whether real, personal or mixed, and to accept possession of the same;

3. OPTIONS AND ELECTIONS. To grant, sell, transfer, exchange, purchase, acquire or exercise any option, election, privilege or power in respect of any property, whether real, personal or mixed;

VOTE. To vote any stocks, bonds, or other securities, and to exercise any other election or power which I may now or hereafter have in respect of the organization, dissolution or management of any corporation, and to delegate the power to so vote by proxies or otherwise;

SECURITIES. To sell any of my property, whether real or personal or mixed and to deliver any stock, securities, bond, deed or obligation;

BORROWING AND LENDING. To borrow money and to make loans of money;

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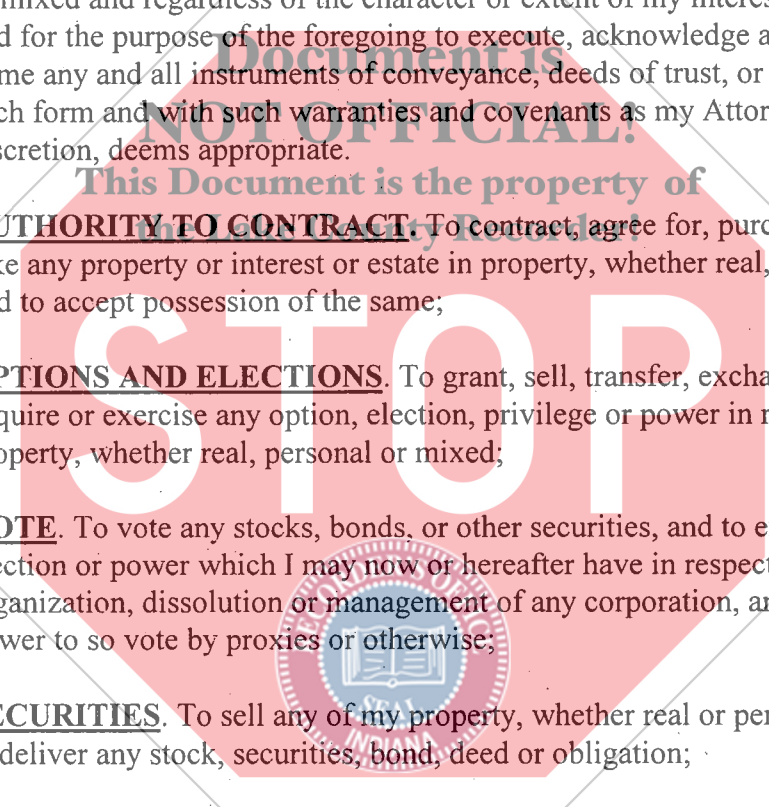
CHICAGO TITLE INSURANCE COMPANY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MICHAEL B. BROWN
RECORDER



FILED

MAY 08 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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7. **AUTHORITY TO SIGN DOCUMENTS.** To sign, seal, execute, deliver and acknowledge deeds, leases, mortgages, security agreements, financing statements, hypothecations, bills, bonds, notes, contracts, agreements, receipts, evidences of debts, releases, satisfaction of deeds of trust or mortgages, judgments and other debts and such other instruments in writing of whatever kind and nature;
8. **SAFE DEPOSIT BOXES.** To enter and have access to any safe deposit box to which I am entitled to access and to place therein or remove therefrom any property or documents;
9. **BANK ACCOUNTS.** To deposit in my name and for my account, in any banking institution, building and loan association, savings and loan association, or credit union or credit association, all monies, bills of exchange, drafts, checks, promissory notes, and other securities for money payable or belonging to me, and for that purpose to sign my name and endorse the same for deposit or collection, and from time to time to withdraw any and all monies deposited with any of the foregoing, and for that purpose to draw checks or sign other instruments in my name;
10. **SIGN CHECKS.** To sign in my name any check, draft, note or other negotiable or non-negotiable commercial instrument which I might lawfully sign in person, whether as maker, drawer or endorser;
11. **TAX RETURNS.** To prepare, sign and file returns of property or income or other returns for taxation by any taxing authority whatever, and to make any other agreements or sign any other instruments with any taxing authority whatever;
12. **COLLECTION.** To ask, demand, sue for, recover, collect and receive all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, employee benefits, insurance benefits and demands whatever as are now or shall hereafter become due, owing, payable or belonging to me and to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by legal proceedings, or otherwise deal with and settle claims and in connection therewith to give full discharges and releases from the same;
13. **EMPLOYMENT OF ASSISTANTS.** To employ and compensate agents, accountants, brokers, attorneys-in-fact, attorneys-at-law, tax specialists, real estate brokers, licensed salesmen and other assistants and advisors;
14. **ESTABLISH TRUSTS.** To establish trusts for my benefit; and;
15. **DELEGATING AUTHORITY.** To delegate in writing to one (1) or more persons any or all powers given to my Attorney.

16. **GENERAL AUTHORITY.** To act as my alter ego with respect to all possible matters and affairs affecting property owned by me and that I can perform through an attorney-in-fact.

PROVIDED FURTHER:

17. **STATUTORY AUTHORITY.** In addition to the powers and authority granted to my Attorney herein, I do hereby adopt the provisions of Sections 2 to 15, both inclusive, of I.C. 30-5-5, and the powers therein set forth are incorporated herein by reference and govern the powers and authority of my Attorney as to real property transactions, tangible personal property transactions, bond, share and commodity transactions, banking transactions, business operating transactions, insurance transactions, beneficiary transactions, gift transactions, fiduciary transactions, claims and litigation, family maintenance, benefits from military service, records, reports and statements, and estate transactions.

18. **HEALTHCARE INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996.** The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320(d) and 45 CFR 160-164, sets forth specific requirements under certain circumstances for the use and disclosure of my individually identifiable health information and other medical records. I give my Attorney the authority to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records under HIPAA. This includes past, present or future records including all information relating to the diagnosis and treatment of any illnesses. The authority of my Attorney supersedes any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given to my Attorney has no expiration date and shall expire only in the event that I revoke this authority in writing and deliver it to my health care provider.

MEDICAID PLANNING. Additionally, gifts may be made to facilitate my qualifying for the receipt of government benefits for my long term health care and nursing home needs, (i.e. old age pension or Medicaid benefits). Any gifts made pursuant to this paragraph are to be made unconditionally to my adult children or to other adults who are part of my family as determined in my Attorney=s sole discretion. Such gifts shall be irrevocable, and my Attorney is authorized to make such gifts so long as my long term care is reasonably provided for by my Attorney from those assets subject to this Power, or otherwise during the time period I would be disqualified from receiving long term care and/or medical assistance under the State of Indiana Medicaid Program and the gifts are to those individuals who generally would take my assets pursuant to my then existing testamentary plan. Any gifts may be made outright or in trust and may include both real and personal property. Any gifts made pursuant to this paragraph by my Attorney may also include

a gift to my Attorney so long as (i) said gift is part of my established estate plan, if I have one, or pursuant to the law of intestate succession if I were deceased; and (ii) it is made pro rata among all my anticipated heirs as provided for in my established estate plan or pursuant to the laws of intestate succession as may be appropriate. No limit as to the form or size of any gift is hereby imposed. Note: The power to make a gift is to be granted hereby only as to such powers stated above and only for those gift purposes as stated above.

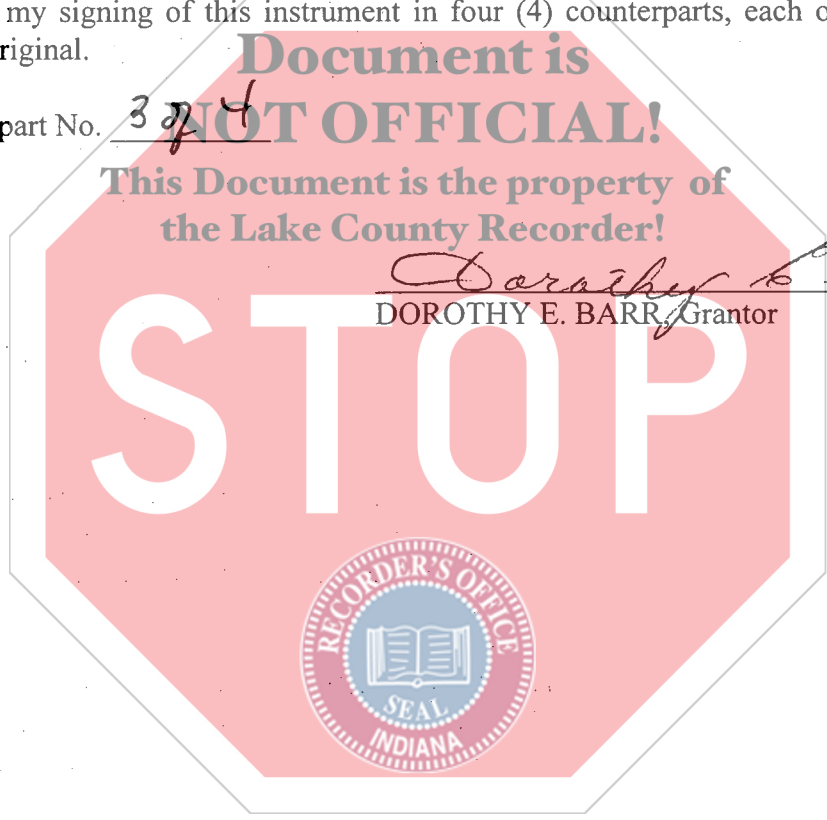
19. **COMPENSATION**. My Attorney, JEFFREY A. BARR, shall be entitled to reasonable compensation for services rendered.
20. **LIMITATION ON AUTHORITY**. Any authority granted to my Attorney, JEFFREY A. BARR, shall be limited so as to prevent this power of attorney from causing my Attorney to be taxed on my income and from causing my Attorney to be treated as having a general power of appointment (as that term is defined in Section 2041 of the Internal Revenue Code) over any part or all of my estate.
21. **RATIFICATION**. I hereby ratify and confirm all that my Attorney, JEFFREY A. BARR, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers granted herein.
22. **INDEMNIFICATION**. I hereby bind myself to indemnify my Attorney, JEFFREY A. BARR, against any and all claims, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorneys' fees which my Attorney, at any time may sustain or incur in connection with carrying out the authority granted by my Attorney in this power of attorney.
23. **REVOCAION**. This power of attorney may be revoked, only by my written revocation entered of record in the office of the County Clerk of Lake County, Indiana. Any such revocation must be signed and acknowledged before a Notary Public or other similar official authorized to administer oaths.
24. **RELIANCE**. My death or disability shall not revoke or terminate this agency as to the attorney, agent or other person, who without actual knowledge of my death or disability, acts in good faith under this power of attorney. Any action so taken, unless otherwise invalid or unenforceable, shall be binding upon me and my heirs, devisees, and personal representatives. An affidavit, executed by my Attorney, JEFFREY A. BARR, stating that my Attorney did not have, at the time of doing an act pursuant to this power of attorney actual knowledge of the revocation or termination of this power of attorney, is, in the absence of fraud, conclusive proof of the non-revocation or termination of the power of that time.
25. **COPIES**. This instrument may be filed of record in any one or more counties within and without the State of Indiana or elsewhere as may be deemed

appropriate by my Attorney, and copies of this instrument, certified as true or exact copies by the County Clerk of any of said counties, shall be treated as original copies for all purposes.

26. **CAPTIONS.** All titles, headings, and captions used herein have been included for convenience of reference only and shall not be deemed to define or limit these provisions or to affect in any way the construction or application of these provisions.
27. **DISABILITY.** THIS POWER OF ATTORNEY SHALL NOT TERMINATE ON THE DISABILITY OR INCOMPETENCE OF DOROTHY E. BARR, but shall continue in full force and effect notwithstanding such disability or incompetence.
28. **NO DUTY TO ACT.** My Attorney shall not be liable for failing to exercise any of the authority given my Attorney by this power of attorney unless such failure shall be the result of willful misconduct.

Signed this 13th day of August, 2012, before the person named below, as witness, who has duly witnessed my signing of this instrument in four (4) counterparts, each of which shall be considered an original.

Counterpart No. 3 of 4



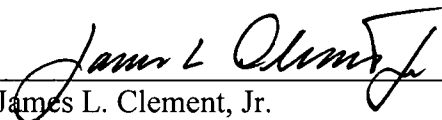
Dorothy E. Barr
DOROTHY E. BARR, Grantor

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this date personally appeared DOROTHY E. BARR, known to me to be the person whose name is subscribed to the foregoing General Power of Attorney and acknowledged to me that she executed it for the purposes therein specified.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 13th day of August, 2012.

JAMES L. CLEMENT JR.
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY.
MY COMMISSION EXPIRES 09/29/15


James L. Clement, Jr.
Notary Public
Resident of the County of Lake
My Commission Expires: 09/29/2015

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. James L. Clement, Jr.

This instrument prepared by James L. Clement, Jr., LUCAS, HOLCOMB & MEDREA LLP, 300 East 90th Drive, Merrillville, Indiana 46410, Telephone: 219/769-3561.

