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GENERAL DURABLE POWER OF ATTORNEY

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A 45-11-15-152-005.000-036

I, EUGENE P. KUHN, of Lake County, Indiana, being at least eighteen (18) years of age and mentally competent, do hereby designate KENNETH E. KUHN, of the State of Illinois, as my true and lawful attorney-in-fact.

In the event of the death or resignation, failure or inability for any reason of KENNETH E. KUHN to act as my true and lawful attorney-in-fact hereunder, then I make, constitute and appoint KATHY A. KERN as my true and lawful attorney-in-fact, to do any and all of the foregoing the same as though originally named as my attorney-in-fact hereunder.

I. Powers:

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

To make, draw and endorse 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 an interest, including flower bonds;

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;

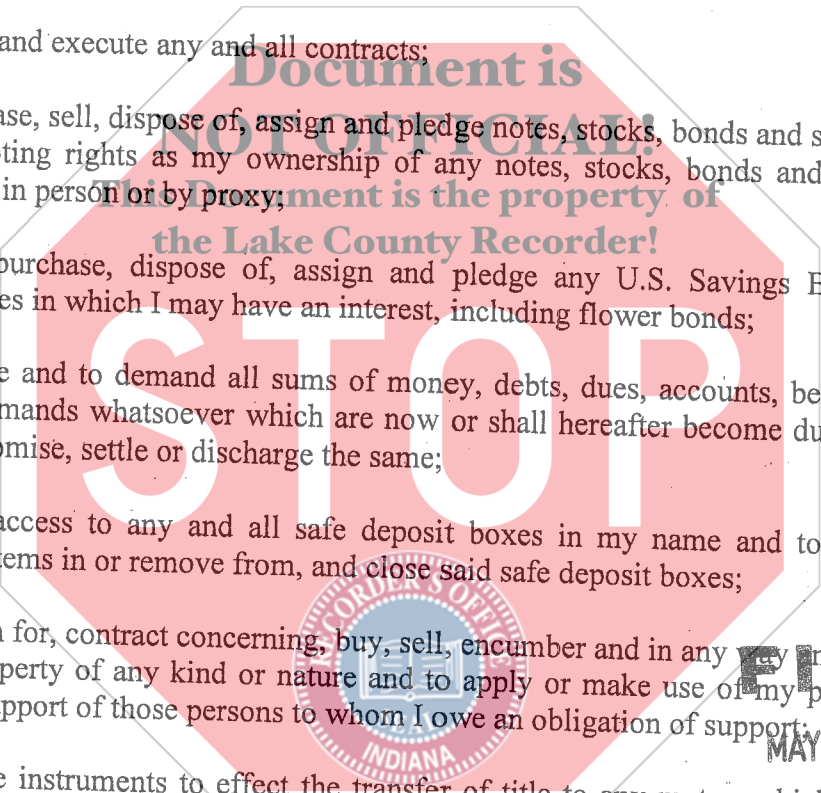
To bargain for, contract concerning, buy, sell, encumber and in any way and manner deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation of support;

To execute instruments to effect the transfer of title to any motor vehicle or any tangible asset, or interest therein, owned by me the title to which is transferred by written instrument;

To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 MAY 16 AM 10:33
MICHAEL D. BROWN
RECORDER



CHICAGO TITLE INSURANCE COMPANY

FILED
MAY 16 2014

PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

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in all forms of insurance and claims thereon, except on any policies of life insurance insuring the life of the attorney-in-fact herein;

To purchase, sell, mortgage, convey and lease any interest in, whether real, personal, tangible or intangible, into any revocable trust established by me as Settlor, provided such Trust does not expressly prohibit such transfer; and

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.

II. Incorporation By Reference:

Consistent with Ind. Code § 30-5, Chapter 5 "Powers," my attorney-in-fact shall, in addition to the powers in Section I above, have the following powers as set forth in Ind. Code § 30-5, Chapter 5 "Powers" which I hereby incorporate in full herein by reference:

- Real Property Transactions (Section 2)
- Tangible Personal Property Transactions (Section 3)
- Bond, Share and Commodity Transactions (Section 4)
- Retirement Plans (Section 4.5)
- Bank Transactions (Section 5)
- Business Operating Transactions (Section 6)
- Insurance Transactions (Section 7)
- Transfers on Death or Payable on Death Transfers (Section 7.5)
- Beneficiary Transactions (Section 8)
- Gift Transactions (Section 9)
- Fiduciary Transactions (Section 10)
- Claims and Litigation (Section 11)
- Family Maintenance (Section 12)
- Benefits for Military Service (Section 13)
- Record, Reports and Statements (Section 14)
- Estate Transactions (Section 15)
- Health Care Powers; Religious Tenants (Section 16)
- Consent to or Refusal of Health Care (Section 17)
- Delegation of Authority (Section 18)
- All other Matters (Section 19)

III. Effective Date:

This General Durable Power of Attorney shall become effective on the date hereof, and shall not be affected by my subsequent disability, incompetence or incapacity or lapse of time.

IV. Termination:

I hereby reserve the right of revocation; however, this General Durable 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.

Any person dealing with the attorney-in-fact may presume, in the absence of actual knowledge to the contrary, that this General Durable Power of Attorney was validly executed and the principal was competent at the time of execution. No person relying on this General Durable Power of Attorney shall be required to see to the application of any property delivered to or controlled by the attorney-in-fact or to question the authority of the attorney-in-fact. Any person who acts in good faith reliance on a copy of this General Durable Power of Attorney following my disability or incompetence will be fully protected and released to the same extent as though the reliant had dealt directly with the principal as a fully competent person; further, I agree to indemnify and hold harmless any person, who in good faith, acts under this General Durable Power of Attorney or transacts business with my attorney-in-fact in reliance upon this General Durable Power of Attorney, without actual knowledge of its revocation.

V. Guardianship:

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

In the event KENNETH E. KUHN is unable to serve as guardian, then I hereby appoint KATHY A. KERN to serve as guardian.

VI. Health Care Agent:

I intend that my attorney-in-fact be my personal representative within the meaning of and have all of the same rights as I would have under the Health Insurance Portability and Accountability Act of 1996, 42 USC 1320d and 45 CFR 160 - 164.

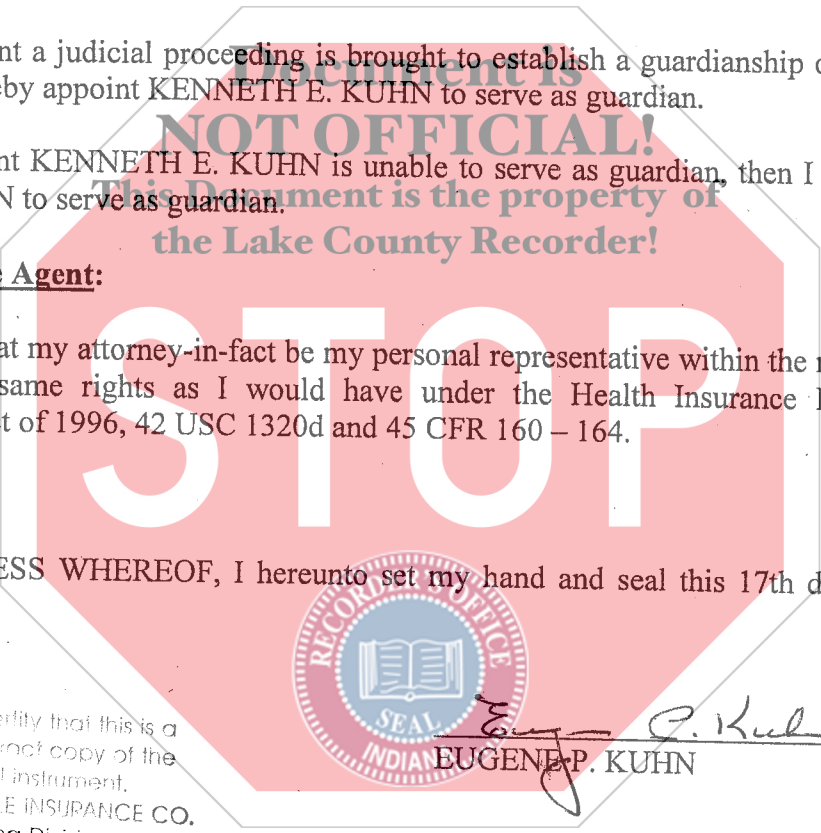
IN WITNESS WHEREOF, I hereunto set my hand and seal this 17th day of January, 2011.

This is to certify that this is a true and exact copy of the original instrument.
CHICAGO TITLE INSURANCE CO.
Indiana Division

By: lk



Eugene P. Kuhn
EUGENE P. KUHN



STATE OF INDIANA)
) SS:
COUNTY OF MARION)

Before me, a Notary Public in and for Marion County, State of Indiana, personally appeared EUGENE P. KUHN, who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal, this 17th day of January, 2011.



Kimberly A. Mark
Notary Public

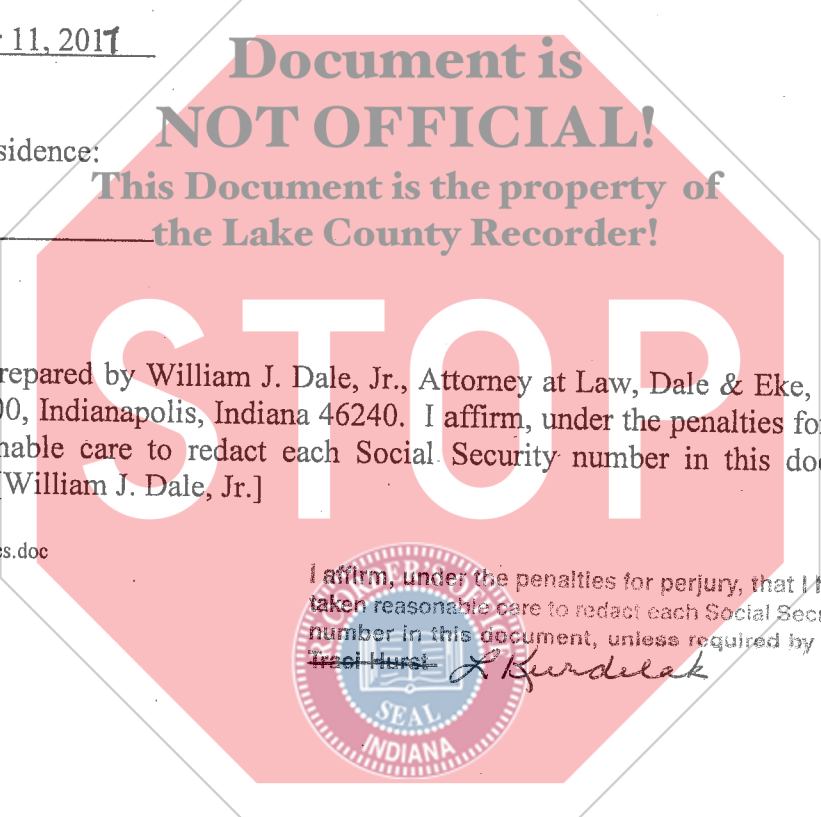
Kimberly A. Mark
(Printed Signature)

My Commission Expires:

November 11, 2011

My County of Residence:

Marion



This instrument prepared by William J. Dale, Jr., Attorney at Law, Dale & Eke, 9100 Keystone Crossing, Suite 400, Indianapolis, Indiana 46240. 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. [William J. Dale, Jr.]

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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, unless required by law.
L. Kurdalak
SEAL INDIANA