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I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

Luana Barcena

DURABLE GENERAL POWER OF ATTORNEY AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE BY: VICTORIA LACH

2014 04 9843

I, VICTORIA LACH, of Hobart, Indiana, hereby appoint the following person, to serve successively in the order named: my daughter, VERONICA COCHRAN, whose address is 924 GARFIELD STREET, HOBART, INDIANA 46342, as my attorney-in-fact to do any lawful act for me in my name.

By way of illustration only, and not intending any limitation, I specifically grant to my attorney-in-fact the POWER TO:

1. (A) Buy, receive, lease, accept, or otherwise acquire any property. (As used in this power, the word "property" shall include any custody, possession, interest or right pertaining to property of any character.) (B) Sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber any property. (C) Contract or agree for the acquisition, disposition, or encumbrance of any property.

2. (A) Take, hold, possess, invest, lease, let, or otherwise manage my property. (B) Eject, remove, or relieve tenants, holders, or others of possession of my property. (C) Maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve my property. (D) Enter safety deposit boxes and remove or deposit items.

3. Transact any kind of business, including the receipt, recovery, collection, payment compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

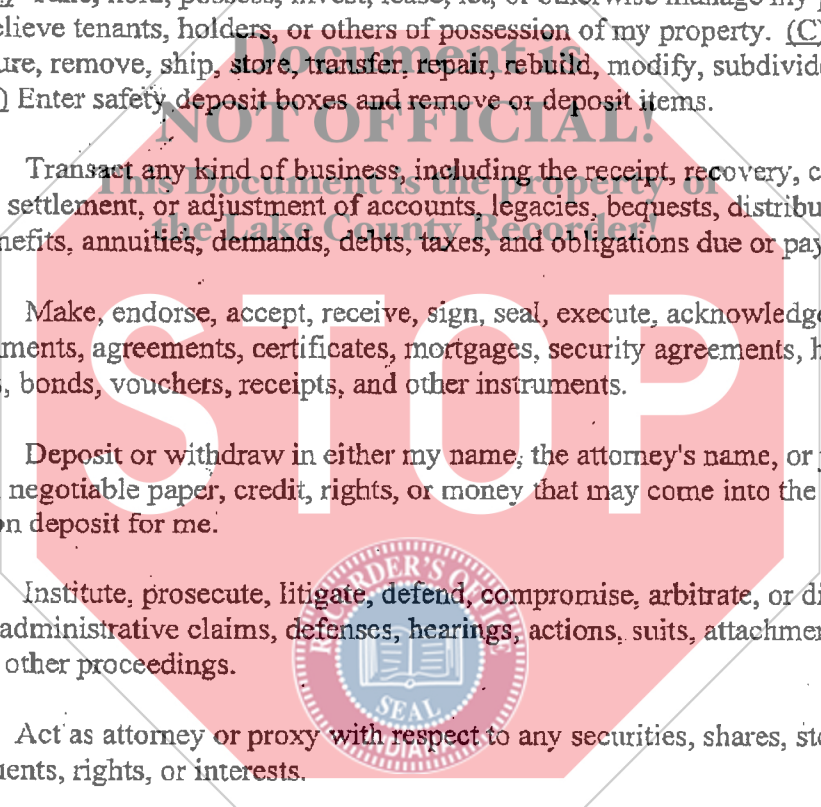
4. Make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, mortgages, security agreements, hypothecation, checks, notes, bonds, vouchers, receipts, and other instruments.

5. Deposit or withdraw in either my name, the attorney's name, or jointly in both names funds, negotiable paper, credit, rights, or money that may come into the attorney's hands or that may be on deposit for me.

6. Institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

7. Act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2014 AUG 20 11:00 AM MERIDIAN TITLE CORP



16.1 mt DJ NON-COM

FILED

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AUG 14 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

11-20718

HOLD FOR MERIDIAN TITLE CORP

8. Prepare, execute, and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.

9. Disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

10. Disclaim gifts, inheritances, or other transfers to me.

11. Purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases.

12. My attorney-in-fact shall NOT, however, have any authority to deal with any insurance that I may own upon the life of the attorney-in-fact.

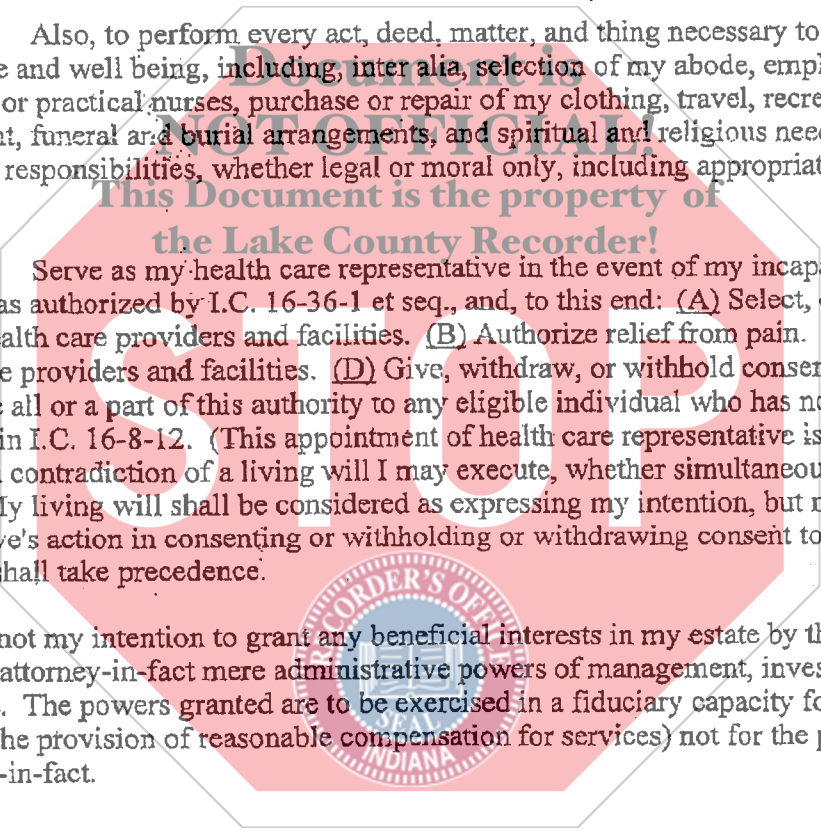
13. Perform every act, deed, matter, and thing with respect to my estate, property, and affairs as fully and effectually as I might if personally present and acting.

14. Also, to perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, inter alia, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents.

15. Serve as my health care representative in the event of my incapability of consenting, as authorized by I.C. 16-36-1 et seq., and, to this end: (A) Select, engage, and discharge health care providers and facilities. (B) Authorize relief from pain. (C) Grant releases to health care providers and facilities. (D) Give, withdraw, or withhold consent to health care. (E) Delegate all or a part of this authority to any eligible individual who has not been disqualified as provided in I.C. 16-8-12. (This appointment of health care representative is not to be considered a contradiction of a living will I may execute, whether simultaneously, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life-prolonging procedures shall take precedence.

It is not my intention to grant any beneficial interests in my estate by this instrument but to grant to my attorney-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of reasonable compensation for services) not for the personal benefit of my attorney-in-fact.

V. L.



I REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY.

IN WITNESS OF WHICH, I have signed my name this 17TH day of JUNE, 2009.

Victoria Lach
VICTORIA LACH

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me a Notary Public in and for said county and state residing in Gary, Lake County, Indiana, personally appeared the grantor and acknowledged the execution of the foregoing Durable Power of Attorney this 17TH day of JUNE, 2008.

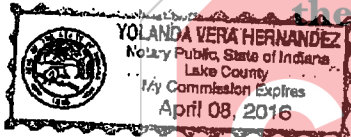
I also certify that I am of legal age and that I witnessed the appointment by the grantor, in paragraph 15, of the attorney-in-fact as the grantor's health care representative as authorized by I.C. 16-8-12.

Yolanda Vera Hernandez
Notary Public

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

My Commission Expires:



My County of Residence: Lake

Prepared by:

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