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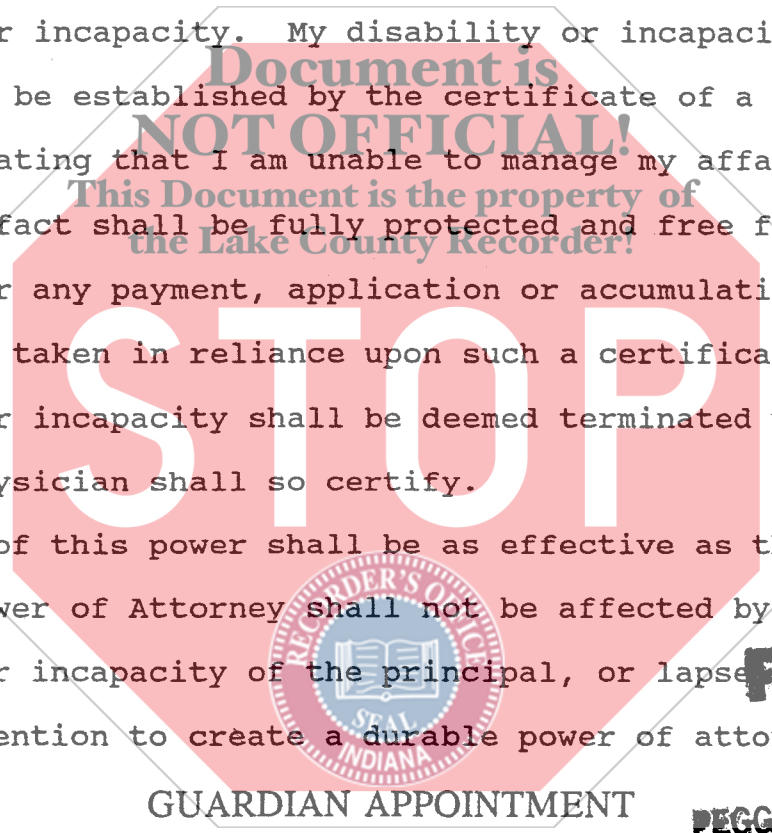
DURABLE GENERAL POWER OF ATTORNEY

KNOWN ALL MEN BY THESE PRESENTS:

By this Power of Attorney, I, MARY MANCHAK, being at least eighteen (18) years of age and mentally competent, of Mishawaka, Indiana, whose social security number is 316-03-6543, do hereby nominate, designate, constitute and appoint my son, ROBERT MANCHAK, as my true and lawful attorney-in-fact, for me and in my name, place and stead.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDS  
2014 AUG 26 AM 11:12  
MISHAWACA  
RECORDER  
BERGOWN

This Power of Attorney shall only become effective upon my disability or incapacity. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. My attorney-in-fact shall be fully protected and free from any liability for any payment, application or accumulation made or other action taken in reliance upon such a certificate. My disability or incapacity shall be deemed terminated when a qualified physician shall so certify.



A copy of this power shall be as effective as the original.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time, being my intention to create a durable power of attorney.

**FILED**  
AUG 22 2014

GUARDIAN APPOINTMENT

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

If proceedings are ever begun for the appointment of a

947121 / 8428-00001

I certify this is a true and complete copy.

*Thomas C. Deuno VP*

*Joyce Barr*  
Joyce Barr, Ass't V.P.  
Peoples Bank  
03705

#45-07-32-32-105-000-027

#28  
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guardian, conservator, or like representative for my estate or person, it is my preference that whoever may then be serving or eligible to serve as my attorney-in-fact under this Power of Attorney be appointed to that office.

To the extent I am permitted by law to do so, I herewith nominate, constitute and appoint my attorney-in-fact to serve as guardian, conservator and/or in any similar representative capacity of my estate and person, and if I am not permitted by law to so nominate, constitute and appoint, then I request in the strongest possible terms that any Court of competent jurisdiction, which may receive and be asked to act upon a Petition by any person to appoint a guardian, conservator or similar representative for me, give the greatest possible weight to this request.

**Document is  
NOT OFFICIAL!  
This Document is the property of  
the Lake County Recorder!  
PROPERTY AND FINANCIAL POWERS**

By this Durable Power of Attorney my attorney-in-fact shall have the power to obtain any and all information respecting my material affairs which I may at anytime be entitled to receive; to deal in any and every way and manner with intangible property; to make and endorse promissory notes; to make, draw, accept and endorse checks and bills of exchange; 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, including contracts for convalescent, nursing home, and similar care for me; to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities of all kinds; to exercise such voting and option rights as my ownership of any notes, stocks, bonds or securities may entitle me, either in person or by proxy; to represent me in all matters pertaining to the business of any corporation in which I may have any interest; to open, close, and maintain accounts of all kinds, in my name or in my name with others; to receive and to demand all sums of money, debts, dues, accounts, legacies, bequests, pensions, benefits, entitlements, interest, dividends, annuities, and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to compromise the same; to make acquittances or other sufficient discharges for the same; to bargain for, contract concerning, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with personal property, including automobiles; to execute instruments necessary for the transfer of personal property of any kind or nature whatsoever; to execute instruments to effect the transfer of title to any motor vehicle owned by me; to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter; to execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, including federal income tax, and estate and gift tax, any political subdivision thereof or any foreign government, and to

pay such taxes, to examine and request copies of any tax returns heretofore or hereafter filed by me or for and in my behalf, to enter into settlements and compromises respecting any tax, including federal income tax and federal estate and gift tax, and to enter into closing agreements with the Internal Revenue Service and waive assessment periods; to file and pursue claims and appeals respecting health insurance benefits; to prepare, execute and deliver applications for Social Security benefits, SSI benefits, Champus benefits and similar benefits; to deal in any and all particulars with the Social Security Administration regarding any benefits or claims for benefits, disability determination, or right to any benefit or entitlement; to deal in any and all particulars with Medicare agencies respecting any claim; to prepare, execute and deliver applications for Medicaid and similar benefits; to appeal any decision respecting such benefits or entitlements; to enter into, examine and remove any items from any safety deposit box in my name, either jointly or individually; to take all lawful means deemed desirable by my said attorney-in-fact to enforce my rights or to protect my property, including the institution, prosecution, compromise and settlement of legal proceedings, in my name or otherwise; and generally to transact any and all business for me of any kind or nature whatsoever; to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my business or property, and with the same force and effect as though I were personally present and acting

for myself; and to carry out my personal responsibilities, whether legal or moral only.

### ESTATE PLANNING POWERS

My attorney-in-fact shall further have the power to transfer any of my property to the Trustee of any trust of which I am a Settlor and beneficiary for administration and disposition in accordance with the provisions of such trust or the provisions of any trust that I may later establish of which I am a beneficiary, and in particular, shall be authorized to exercise any and all powers reserved therein to me as Settlor; and to designate or elect that the income and/or principal of such a trust, or any trust such trust that I may establish, may be distributed to any one or more persons other than myself in accordance with the provisions of such trust; and that my attorney-in-fact shall have all powers and rights reserved under any such trust to me as Settlor; to create and fund irrevocable funeral trusts for myself and to designate a beneficiary or beneficiaries thereof (including my attorney-in-fact as such beneficiary) and for my spouse. To renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, life insurance contract, testate or intestate succession, or otherwise; to release or abandon any property or interest in property or powers which I may now or hereafter own; and to exercise or decline to exercise any right to claim an elective share in any Estate or under any Will. In exercising such discretion, my attorney-in-fact may



take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes on my Estate, and the effect of such renunciation or disclaimer upon persons interested in my Estate and persons who would receive the renounced or disclaimed property; provided, however, that my attorney-in-fact shall make no disclaimer that is expressly prohibited by other provisions of this instrument.

I specifically grant unto my attorney-in-fact full power to conduct estate planning on my behalf, for the purpose of providing for me or other members of my family, reducing tax liability, or preserving assets for use by other family members in the event I require long term health care, including but not limited to the following acts:

1. The making of gifts or a sequence of gifts of any or all of my cash, property or interests in property, including any right to receive income from any source, to my son, Robert Manchak, and in the event of the death of my son prior to my death, then to the living issue of my son, if any, who shall take the share the parent would have taken if living (all except as my attorney-in-fact may otherwise determine based on the standard set forth below); without any prohibition against self-dealing and without any restrictions on aggregate yearly value of a gift to an individual or group, or to my attorney-in-fact under any law, it being my intention to modify the statutory power available to attorneys-in-fact to make gifts so as to permit my specifically herein named attorneys-in-fact to make gifts to my attorney-in-fact within the limitations of this section 1.

**IT IS MY INTENTION BY EXECUTING THIS POWER OF ATTORNEY TO AND I DO HEREBY GRANT TO MY ATTORNEY-IN-FACT THE SPECIFIC AUTHORITIES HEREIN CONTAINED AND DO HEREBY GRANT TO MY ATTORNEY-IN-FACT GENERAL AUTHORITY WITH RESPECT TO GIFTS AS IS CONTEMPLATED UNDER IND. CODE §30-5-5-9.**

**IT IS MY INTENTION THAT ALL GIFTS MADE PURSUANT TO THIS POWER SHALL BE FINAL AND COMPLETED GIFTS, AND I SHALL HAVE**

NO POWER TO REVOKE ANY SUCH GIFT AND NO SUCH GIFT SHALL BE CONDITIONAL IN ANY WAY.

ANY PERSON OR ENTITY TO WHOM A COPY OF THIS POWER OF ATTORNEY IS DELIVERED MAY RELY HEREON, SHALL HAVE NO DUTY TO INVESTIGATE RESPECTING THE INCLUSION OR QUALIFICATION OF ANY DONEE OR MEMBER OF THE DONEE GROUP, HEIRSHIP, OR STATUS AS ISSUE OR OTHERWISE, SHALL HAVE NO DUTY TO INVESTIGATE RESPECTING THE AMOUNT OF ANNUAL EXCLUSION AVAILABLE TO ANY DONEE OR GROUP, SHALL HAVE NO DUTY TO INVESTIGATE RESPECTING ANY LIMITATIONS OR RESTRICTIONS ON GIFTS TO MY ATTORNEY-IN-FACT, AND SHALL ACT IMMEDIATELY UPON DIRECTION OF MY ATTORNEY-IN-FACT.

2. The purchase, from a reputable insurance company, of a non-assignable, non-cancelable single premium, irrevocable straight life commercial annuity for my life which annuity shall provide monthly installment payments to me and at the discretion of my attorney-in-fact may provide that if I die before the annuity has been fully paid, then the remaining balance shall be distributed to the persons and in the proportions determined by the preceding provisions of this power of attorney.

3. The creation, revocation or amendment of trusts in my name, including making any such trust irrevocable, and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust or the provisions of any trust that I may establish; to designate or elect that the income and/or principal of such a trust, or any trust that I may establish, may be distributed to any one or more persons other than myself;

4. The change of beneficiaries on any policy of life insurance I may own, the liquidation for cash value of any policy of life insurance I may own, and change of ownership of policies of life insurance I may own, and to have general authority with respect to insurance as is contemplated under Ind. Code §30-5-5-2;

5. The purchase of any type of property that is considered to be an exempt resource under 405 Indiana Administrative Code 2-3 as amended, or similar regulation or law in the applicable jurisdiction.

6. The use of any other devices I might use myself were I competent.

Standard. In carrying out the estate planning powers granted in

this instrument, my attorney-in-fact shall be guided by the standard that the estate planning powers are designed, in part, for the preservation of my assets and my attorney-in-fact shall exercise such powers in such a way as to provide for my best interests and the best interests of my family members.

It is my intention by executing this power of attorney to and I do hereby grant to my attorney in fact general authority with respect to all matters, and to and I do hereby authorize my attorney-in-fact to act as my alter ego with respect to all possible matters and affairs affecting property owned by me that can be performed through an attorney-in-fact.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23 day of May, 1997.

Mary Manchak  
MARY MANCHAK

STATE OF INDIANA)  
COUNTY OF LAKE ) SS:

The undersigned, a Notary Public, certifies and witnesses that Mary Manchak, personally known to me to be the same person whose name is subscribed to this Durable Power of Attorney, appeared before me in person and acknowledged the signature and delivered this Durable Power of Attorney as her free and voluntary act, for the uses and purposes set out therein.

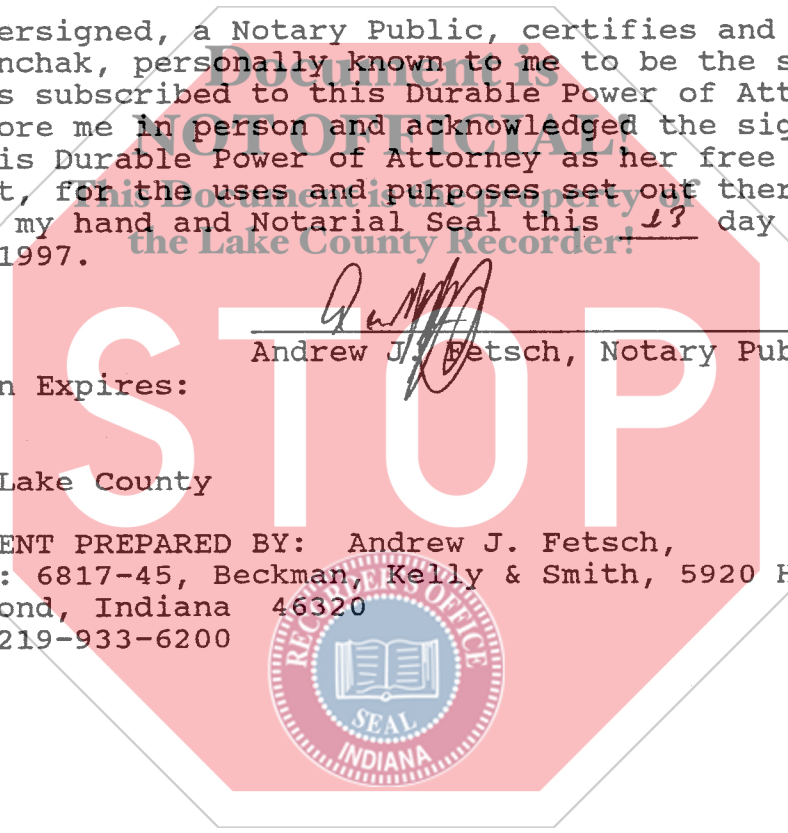
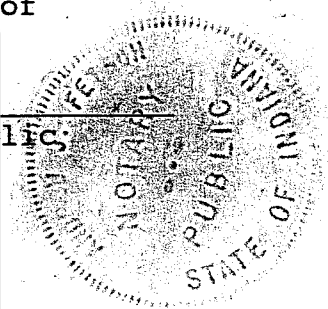
Witness my hand and Notarial Seal this 23 day of May, 1997.

Andrew J. Fetsch  
Andrew J. Fetsch, Notary Public

My Commission Expires:  
10/18/99

Resident of Lake County

THIS INSTRUMENT PREPARED BY: Andrew J. Fetsch,  
Attorney No.: 6817-45, Beckman, Kelly & Smith, 5920 Hohman  
Avenue, Hammond, Indiana 46320  
Telephone: 219-933-6200





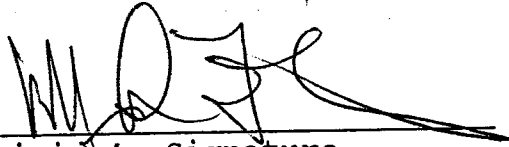
PHYSICIAN'S STATEMENT

TO: ANY ATTORNEY-IN-FACT FOR MARY MANCHAK

I am a physician familiar with the condition of MARY MANCHAK, of Munster, Indiana, and state that MARY MANCHAK has become unable to manage her affairs.

Dated: \_\_\_\_\_

4/10/14



Physician's Signature

