

DURABLE POWER OF ATTORNEY

ARTICLE I

DESIGNATION OF AGENT

I, Cherye J. Rice, of Lake County, Indiana, do hereby designate and appoint Alvin H. Rice as my Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, and personal decisions for me in my name, place and stead as authorized in this document.

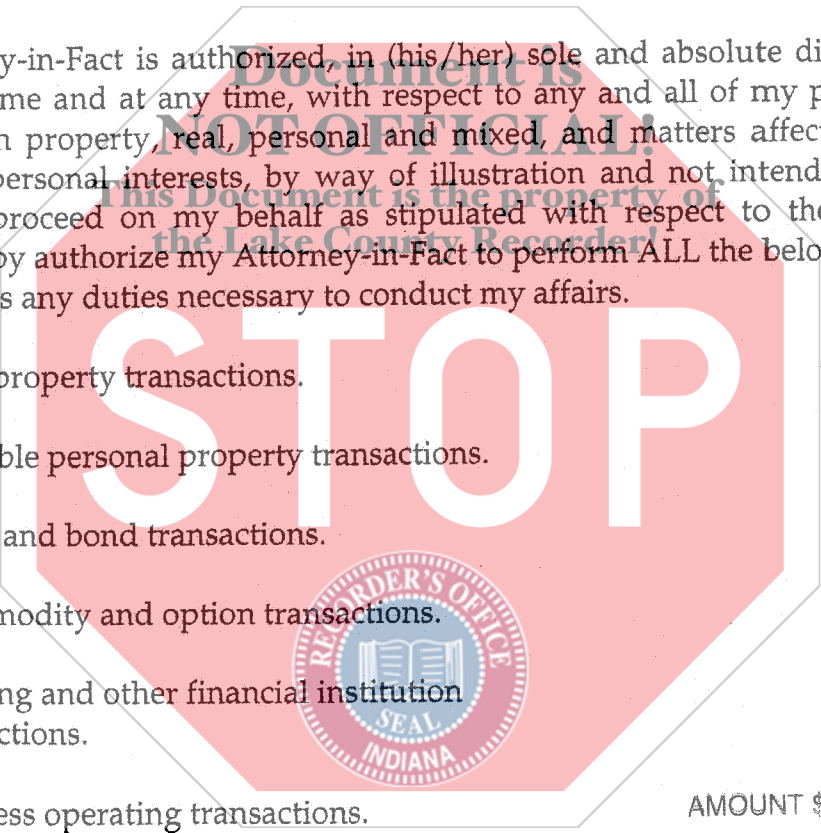
If Alvin H. Rice is unable or unwilling for any reason to act, then I appoint Joe B. Rice and Sandra J. Munday as my successor Attorney-in-Fact.

ARTICLE II

STATEMENT OF AUTHORITY GRANTED

A. My Attorney-in-Fact is authorized, in (his/her) sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated with respect to the below subjects. I hereby authorize my Attorney-in-Fact to perform ALL the below listed duties as well as any duties necessary to conduct my affairs.

- (A) Real property transactions.
- (B) Tangible personal property transactions.
- (C) Stock and bond transactions.
- (D) Commodity and option transactions.
- (E) Banking and other financial institution transactions.
- (F) Business operating transactions.
- (G) Insurance and annuity transactions.
- (H) Estate, trust, and other beneficiary transactions.



2014 078167
 2014 DEC -9 AM 10:30
 MICHAEL S. BROWN
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

20796

AMOUNT \$ 20
 CASH _____ CHARGE _____
 CHECK # 2259
 OVERAGE _____
 COPY _____
 NON-COM
 CLERK DR

- (I) Claims and litigation.
- (J) Personal and family maintenance.
- (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or civil or military service.
- (L) Retirement plan transactions.
- (M) Federal and State tax matters.
- (N) Borrowing transactions.
- (O) To transfer assets to trust.

B. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

The agent shall not have authority to act in any matter in which power and authority has been given to the trustee named in the trust agreement for **Alvin H. Rice and Cherrye J. Rice**.

C. In addition to following powers granted above, I hereby grant the following powers: **If my agent is my spouse, my agent shall have the power to act for me to amend any trust which I would have the power, as Grantor, to amend.**

**ARTICLE III
POWER OF ATTORNEY TO BE DURABLE**

This power of attorney will continue to be effective even though I become incapacitated.

**ARTICLE IV
JOINT AGENTS**

If I have designated more than one agent, the agents are to act **SEVERALLY**.

ARTICLE V

INDEMNIFICATION OF THIRD PARTY

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

ARTICLE VI

NOMINATION OF GUARDIAN

If a guardian of over my person is to be appointed for me, I nominate the following person to serve as my guardian: Alvin H. Rice. If Alvin H. Rice is unable or unwilling for any reason to act, I nominate Joe B. Rice and Sandra J. Munday.

ARTICLE VII

NOMINATION OF CONSERVATOR OF THE ESTATE

If a conservator of the estate is to be appointed for me, I nominate the following person to serve as conservator of the estate: Alvin H. Rice. If Alvin H. Rice is unable or unwilling for any reason to act, I nominate Joe B. Rice and Sandra J. Munday.

ARTICLE VIII

EFFECTIVE DATE AND TERMINATION

This power of attorney shall become effective upon my incapacity and disability wherein I am no longer able to personally handle my financial and business affairs or take care of my personal needs. I direct the named Attorney-in-Fact to secure two (2) medical statements from physicians with regard to my condition prior to assuming (his/her) authority under this document.

ARTICLE IX

MISCELLANEOUS

A. 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.

B. 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 provisions of this instrument.

C. My Attorney-in-Fact, including (his/her) heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary), and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate, arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

D. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as (he/she) shall deem appropriate. Each photocopy shall have the same force and effect as any original.

E. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or enforceability only, without in any way affecting the remaining parts or provisions of this instrument.

F. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

DATE AND SIGNATURE OF PRINCIPAL

I am fully informed to all the contents of this form and understand the full import of this grant of powers.

I, Cherrye J. Rice, sign my name to this Durable Power of Attorney on this 10 day of FEBRUARY, 19 98, at Crown Point, Indiana.

Cherrye J. Rice
Cherrye J. Rice

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

End Of The
Durable Power Of Attorney
Of Cherrye J. Rice
Notary Statement And Seal
For The
Durable Power Of Attorney
Of Cherrye J. Rice

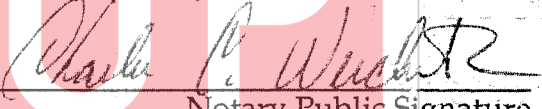
STATE OF INDIANA)
: ss.
COUNTY OF LAKE)


On the 10 day of FEBRUARY, 1998, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Cherrye J. Rice, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the Durable Power Of Attorney, and acknowledged to me that they executed the same.

Document is NOT OFFICIAL!

STOP

WITNESS my hand and official seal.


Notary Public Signature


Charles C. Workentzen
Printed

My Commission Expires 7 / 20 / 2000
My County of Residence Marion

This Instrument Prepared By: Steve A. Heining, Attorney At Law
7998 Georgetown Road, Suite #200, Indianapolis, IN 46268 * 800 837-9008