

POWER OF ATTORNEY

OF

BARBARA ANN BOGIELSKI

TO

CHERYL PERES

ATTORNEY-IN-FACT

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney-in-fact.

A. **POWERS.** According to the Statute, an attorney-in-fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

- | | | | |
|--|---------------|-----------------------------------|----------------|
| real property transactions; | [IC 30-5-5-2] | fiduciary transactions; | [IC 30-5-5-10] |
| tangible personal property transactions; | [IC 30-5-5-3] | claims and litigation; | [IC 30-5-5-11] |
| bond, share, and commodity transactions; | [IC 30-5-5-4] | family maintenance; | [IC 30-5-5-12] |
| banking transactions; | [IC 30-5-5-5] | benefits from military service | [IC 30-5-5-13] |
| business operating transactions; | [IC 30-5-5-6] | records, reports, and statements; | [IC 30-5-5-14] |
| insurance transactions; | [IC 30-5-5-7] | estate transactions; | [IC 30-5-5-15] |
| beneficiary transactions; | [IC 30-5-5-8] | all other matters. | [IC 30-5-5-19] |
| gift transactions; | [IC 30-5-5-9] | | |

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing any initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space approved herein in the margin].

IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. **RESERVATION OF POWER TO ACT AND TO REVOKE.** I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. **CHAPTERS OF STATUTE ALSO APPLICABLE.** The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

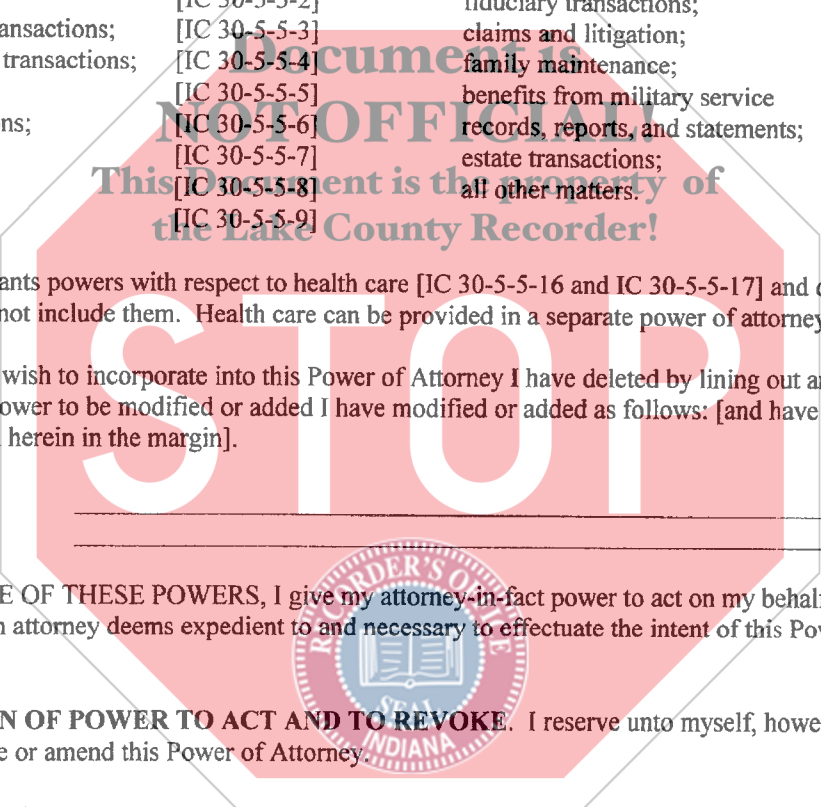
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|--------------------|-------------|-------------|--------------|
| Definitions | [IC 30-5-2] | Reliance | [IC 30-5-8] |
| General Provisions | [IC 30-5-3] | Liabilities | [IC 30-5-9] |
| Duties | [IC 30-5-6] | Termination | [IC 30-5-10] |

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CHICAGO TITLE INSURANCE COMPANY



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LAKE COUNTY
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MICHELLE BOGGS
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Return to:
Cheryl Peres
2628 37th St.
Highland, In 46322

D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-9-5, I as principal, specifically provide that my attorney-in-fact is liable only if my attorney-in-fact acts in bad faith.

E. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it be delivered, to such person (s):

Holding Institution	Type of Account	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

F. SAFE DEPOSIT BOX. I have a safe deposit box, Number _____
at _____
(Banking Institution) (Branch) (City)

I give my attorney-in-fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers are given here in addition to those incorporated into this Power of Attorney by reference.

G. DURATION OF POWER OF ATTORNEY. This Power of Attorney is not terminated by my incapacity.

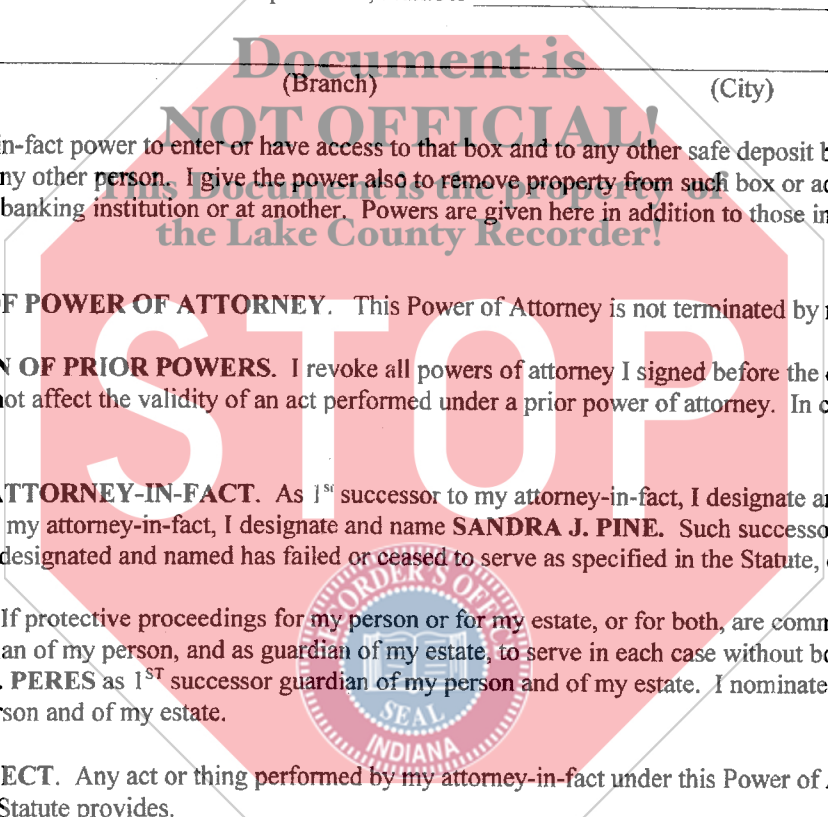
H. REVOCATION OF PRIOR POWERS. I revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

I. SUCCESSOR ATTORNEY-IN-FACT. As 1st successor to my attorney-in-fact, I designate and name **STEVEN J. PERES**. As 2nd successor to my attorney-in-fact, I designate and name **SANDRA J. PINE**. Such successor shall become my attorney-in-fact when the person first designated and named has failed or ceased to serve as specified in the Statute, or has declined to serve.

J. GUARDIANS. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate **CHERYL PERES** as guardian of my person, and as guardian of my estate, to serve in each case without bond as may be permitted by law. I nominate **STEVEN J. PERES** as 1st successor guardian of my person and of my estate. I nominate **SANDRA J. PINE** as 2nd successor guardian of my person and of my estate.

K. BINDING EFFECT. Any act or thing performed by my attorney-in-fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

L. ADDITIONAL COVENANTS.



Signed this 14th day of October, 2010, in 2 counterparts, each of which shall be considered an original.

Counterpart No. 2

Barbara Ann Bogielski
Barbara Ann Bogielski

~~XXXXXXXXXXXXXXXXXXXX~~
Principal's Social Security Number

3313 Eder Street
Principal's Street or Other Address

Highland, IN 46322
Principal's City, State and Zip Code

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 14th day of October, 2010, personally appeared Barbara Ann Bogielski, the principal named above, signed this Power of Attorney, and acknowledged the execution of it as her voluntary act and deed, for the uses and purposes therein stated.

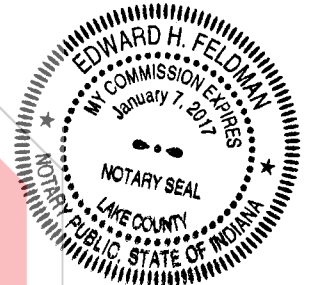
IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My commission expires: 1-7-2017

Signature: Edward H. Feldman

Resident of Lake County

Printed: Edward H. Feldman, Notary Public



This instrument was prepared by: Edward H. Feldman, Attorney at Law Attorney I.D. No. 6803-45
2833 Lincoln Street, Suite B, Highland, IN 46322, Phone: 219-838-8200