

3

POWER OF ATTORNEY

OF

**JUDY M. CRUZ
XXX-XX-6363**

TO

MARK S. LAPA

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:

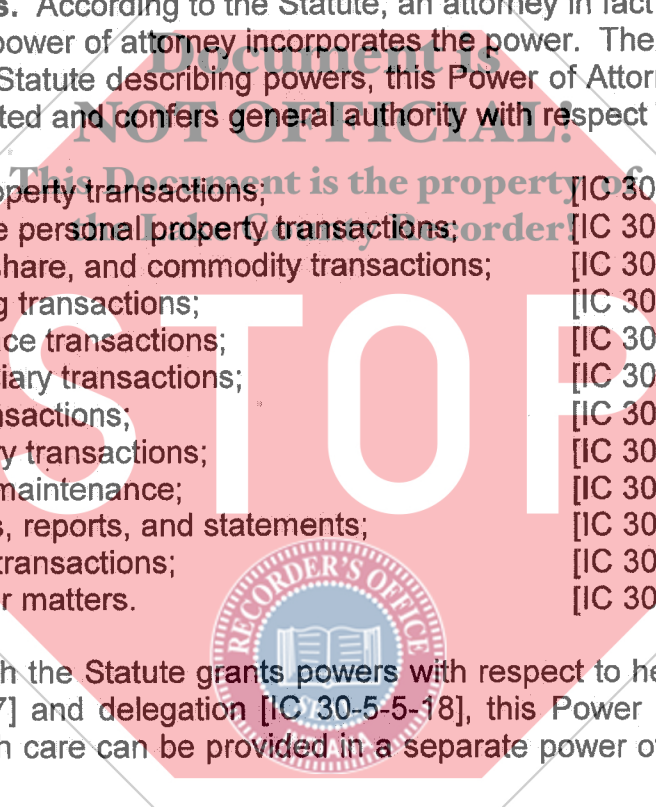
- real property transactions; [IC 30-5-5-2]
- tangible personal property transactions; [IC 30-5-5-3]
- bond, share, and commodity transactions; [IC 30-5-5-4]
- banking transactions; [IC 30-5-5-5]
- insurance transactions; [IC 30-5-5-7]
- beneficiary transactions; [IC 30-5-5-8]
- gift transactions; [IC 30-5-5-9]
- fiduciary transactions; [IC 30-5-5-10]
- family maintenance; [IC 30-5-5-12]
- records, reports, and statements; [IC 30-5-5-14]
- estate transactions; [IC 30-5-5-15]
- all other matters. [IC 30-5-5-19]

[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].

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.

2014 079683

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 DEC 15 AM 11:35
MICHAEL B. BROWN
RECORDER



160
CASH
DU
NON-CON

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:

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]

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 banking institution(s) named in this paragraph E 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 to be delivered, to such person(s):

<u>Banking Institution</u>	<u>Type of Account</u>	<u>Account Number</u>
First Midwest Bank	Savings	XXXXXX4018
First Financial Bank	Savings	XXX8358
First Merchants Bank, N.A.	Savings	XXXXXX4385

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. **Duration of Power of Attorney.** This Power of Attorney is not terminated by my incapacity.

G. **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.

H. **Guardians.** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate Mark S. Lapa 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. **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.

Signed December _____, 2014, in 10 counterparts, each of which shall be considered an original.

Counterpart No. 1

PRINCIPAL'S SIGNATURE:

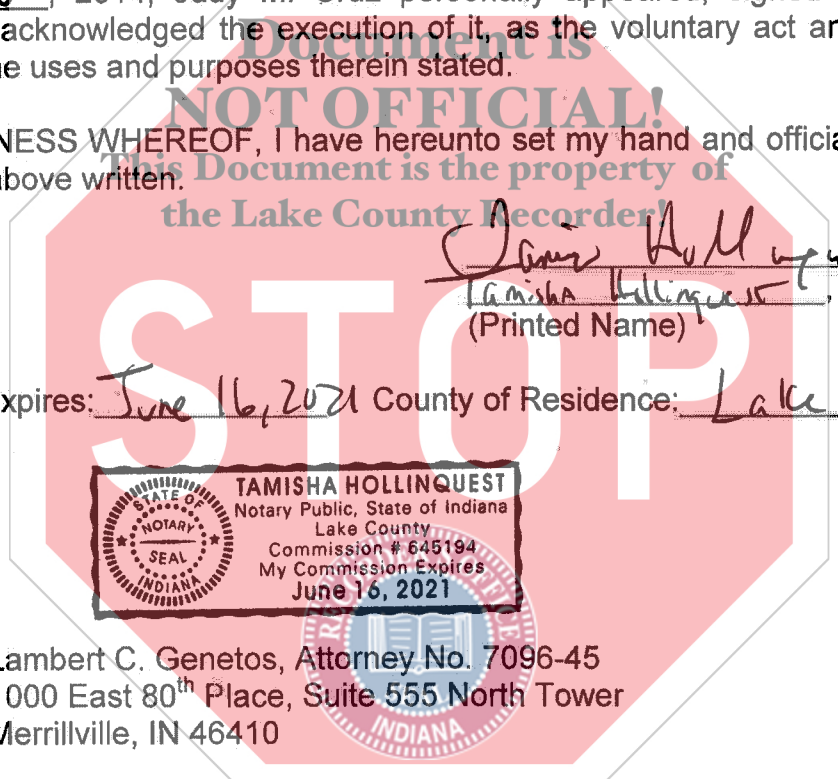
Judy M Cruz
Judy M Cruz

Address: 205 Sycamore Lane
Munster, Ind.
46321

STATE OF INDIANA)
)
COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public in and for said County and State, on December 10th, 2014, Judy M. Cruz personally appeared, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, 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.



Tamisha Hollinquest
Tamisha Hollinquest, Notary Public
(Printed Name)

Commission Expires: June 16, 2021 County of Residence: Lake



Prepared by: Lambert C. Genetos, Attorney No. 7096-45
1000 East 80th Place, Suite 555 North Tower
Merrillville, IN 46410

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. Lambert C. Genetos