Certified as a true and exact of this original document	сору
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## DURABLE POWER OF ATTORNEY

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KNOW ALL MEN BY THESE PRESENTS, that I, FRANK R. BEJAR of the County of Lake and State of Indiana, have made constituted and appointed and by these presents to make, constitute and

## MATIANA BEJAR

of the County of Lake and State of Indiana, as my agent and true and lawful attorney-in-fact, to do for me and in my name, place, and stead, and for my use and benefit all such actions which I could do if personally present. If my said attorney-in-fact is unable or unwilling to serve in such capacity as my agent and true and lawful attorney-in-fact, then GLORIA GOMEZ is appointed in the and lawful attorney-in-fact, then GLORIA GOMEZ is appointed in the stead of the first appointee hereunder, and if said alternate appointee is unable or unwilling to serve in such capacity as my agent and true and lawful attorney-in-fact, then MANNY BEJAR is hereby appointed in the stead of such second appointee, and if said third appointee is unable or unwilling to serve in such capacity as third appointed in the stead or such second appointee, and if said third appointee is unable or unwilling to serve in such capacity as my agent and true and lawful attorney-in-fact, then FRANK BEJAR, JR. is hereby appointed in the stead of said third appointee. My agent shall not be bound by any rules of self-dealing, conflicts of interest, or rule of law concerning undivided loyalties.

If it should be necessary that a guardian be appointed for either my person or estate then it is my direction that my attorney-in-fact herein named be appointed as my direction and such

attorney-in-fact herein named be appointed as my guardian and such guardian be allowed to serve without bond or other cost.

This power of attorney shall be known as a Durable Power of Attorney and shall be effective upon my incompetency. I shall be deemed to be incompetent for purposes of this Power of Attorney if my personal physician so certifies in writing, or two physicians selected by my attorney-in-fact so certify in writing. This durable power of attorney shall include, but not be limited to the following:

I. General Grant of Power. To exercise, do, or perform any act necessary to transfer to the trustee of any living trust I have established during my lifetime, whether as sole grantor or jointly with another as grantor, all property, real or personal, tangible or intangible, sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, Social Security, insurance and other contractual

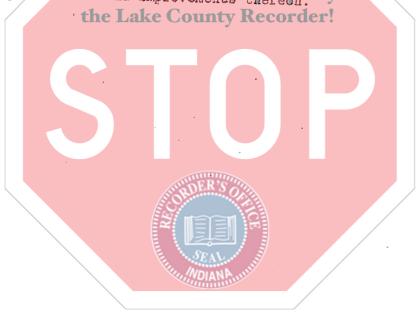
AMOUNT \$ .CHAR CASH CHECK#. OVERAGE COPY. NON-CONF. DEPUTY.

## EXHIBIT TO SPECIAL AND GENERAL POWERS OF ATTORNEY

Lots 3 and 4 in Block 1 in Resubdivision of parts of Jackson Terrace, in the City of Hammond, as per plat thereof, recorded in Plat Book 18 page 4, in the Office of the Recorder of Lake County, Indiana; also

Lot 6 in Bell-rich Square, in the City of Hammond, as per plat thereof, recorded in Plat Book 32, page 6, in the Office of the Recorder of Lake County, Indiana; also

The 65.37 feet of that part of the Northwest Quarter of the Southeast Quarter of Section Nine (9), Township Thirty-six (36) North, Range Nine (9) West of the Second Principal Meridian, described as follows: Commencing at a point 457.64 feet North and 333.19 feet West of the Southeast corner of the Northwest Quarter of the Southeast Quarter of Section Nine (9), Township Thirty-six (36), North, Range Nine (9), West of the Second Principal Meridian, in Lake County, Indiana, thence North 65.37 feet, thence East 166.595 feet, thence South 65.37 feet, thence West to the place of beginning, in that part of Hammond known as Hessville, Lake County, Indiana, together with all improvements thereon.



benefits and proceeds, all documents of title, whatsoever, liquidated or unliquidated, now or hereafter owned by, and demands or due, owing, payable or belonging to me or in which I have or may hereafter acquire an interest; to have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the transfer thereof and to execute and deliver for me, on my behalf and in my name, documents, deeds, assignments, stock powers or other documents of transfer necessary to effect such transfer.

2. Motor Vehicles. To apply for a Certificate of Title upon, and endorse and transfer to the trustee of any living trust I have established during my lifetime, title to any automobile, truck, pickup, van, boat, motorcycle or other motor vehicles, and to represent in such transfer or assignment that the title to said motor vehicles is free and clear of all liens and encumbrances except those specifically set forth in such transfer or assignment.

3. Tax Powers. To prepare, sign and file federal and state income tax returns or declarations of estimated tax for any state income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to authorize and consent to any gift and to utilize any gift splitting provision or other tax election; to prepare, sign and file any claims for refund of any tax; and to pay any part or all of the tax shown due by any or all of such income and gift tax returns, including any deficiency, interest, and penalties subsequently determined to be and deliver to the Internal Revenue Service or any state revenue service the appointment of any attorney-in-fact, including my above appointed attorney-in-fact or any person authorized to practice before such tax bodies, for any such taxes and for any such years as my attorney-in-fact may deem necessary for the purpose of carrying out the powers granted under this paragraph.

4. Safe Deposit Box. To have access at any time or times in the presence of the trustee of any living trust I have established during my lifetime, or an agent of such trustee, to any safe deposit box in any bank or other institution in my name, to

safe deposit box in any bank or other institution in my name, to remove all or any part of the contents thereof for delivery to the said trustee, and to surrender or relinquish said safe deposit box; any institution in which any such safe deposit box may be located shall not incur any liability to me or to my estate as result of permitting my agent to exercise this power in the presence of the trustee or an agent of the trustee.

12.

STATE OF INDIANA) COUNTY OF LAKE

Before me, a Notary Public in and for the above County and State, personally appeared before me the above named FRANK R. REJAR and acknowledged the execution of the above and foregoing power of attorney for the uses and purposes therein stated, this 29th day of November , 19 94 .

Notary Public-Donald R. O'Dell Residing in Lake County

My Commission Expires:

12-28-96

Document is

This instrument prepared by: Donald R. O'Dell, Attorney at Law

the Lake Cop.O. Box 128der, Attorney at Law

707 East Commercial Avenue
Lowell, Indiana 46356

-5-FIRM, UNDER THE PENALTIES FOR

PERJURY, THAT I HAVE TAKEN BEASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY: Shennon Lynett Hawkins

- 5. Insurance. To take any and all actions with respect to life, health, property and casualty insurance as may be required to claim any benefits under any policies for payment to the trustee of any living trust I have established during my lifetime. In addition, my attorney-in-fact is authorized to apply for insurance on my behalf, to select proper amounts and types of coverages, without resort to litigation. As to any policy of life insurance, the attorney-in-fact shall have the right and power to transfer the established during my lifetime, together with all the rights, benefits and duties under such policy. The action of such discharge the insurance company from any responsibility because of such transfer.
- 6. Personal Care and Well Being. 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 provisions for any dependents of mine. To the extent provisions of this paragraph contradict provisions of a Medical Power of Attorney, I may execute, whether simultaneously, previously or hereafter, the Medical Power of Attorney shall take
- 7. Real Estate. This power is expressly intended to apply to all real estate in which I have a legal interest and the attorney-in-fact is expressly authorized to transfer all such real estate, or interests in real estate, to the trustee of any living trust I have established during my lifetime. For recording purposes only, and not by way of limitation, a schedule containing the legal description of such real estate is attached to this power.
- (including my attorney-in-fact) in amounts limited to the annual per donee exclusion or the exemption equivalent to the unified credit for gift and federal estate taxes and to make gifts to charity in accordance with my accustomed pattern of gifting prior to incapacity.

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9. Ministerial Nature of Powers. 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 provisions of reasonable compensation for serviced and (except for provisions of reasonable compensation for services of my attorney-in-fact) not for the personal benefit of my attorney-in-fact.

attorney-in-fact.

10. Interpretation. This instrument is to be construed and interpreted as a durable power of attorney. The enumeration of specific items, acts, rights or powers herein is not intended to, nor does it limit or restrict the powers herein granted to my agent, it being my intent in granting this power of attorney to authorize my attorney-in-fact to transfer any assets held in my name over to my living trust, and shall be so construed.

11. Third Party Reliance. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives. Third parties which come into contact with each attorney-in-fact are expressly granted the right to rely upon the terms of this instrument, whether in original or upon the terms of this instrument, whether in original or photostatic form. This power of attorney shall remain in force until written notice of cancellation is provided by such one or

until written notice of cancellation is provided by such one or more to all parties hereto.

The ability or unwillingness to act on the part of my first named attorney-in-fact may be established by the affidavit of the successor attorney in fact. Any person dealing with my alternate attorney in fact shall be fully protected and free from liability for action taken in reliance upon such affidavit.

THIS DURABLE POWER OF AFTORNEY REVOKES ALL PREVIOUS DURABLE POWERS OF ATTORNEY.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29th day of November

(Seal)

WITNESSES

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