

POWER OF ATTORNEY

OF

MICHAEL D. ROWE

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ARTICLE I

DESIGNATION OF AGENT

I, MICHAEL D. ROWE, of Cedar Lake, Indiana, being a mentally competent adult, do hereby designate and appoint my wife CAROL A. ROWE, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent giving my Agent full authority and power to make financial, asset management, personal and health care decisions for me in my name, place and stead as authorized in this document.

If my Attorney-in-Fact as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act, or become unavailable, I then and do hereby designate and appoint my daughter MARY C. ROWE as my successor Attorney-in-Fact.

ARTICLE II

REVOCAION OF PRIOR POWERS

I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

ARTICLE III

GENERAL ASSET, FINANCIAL AND HEALTH CARE POWERS

My Attorney-in-Fact is authorized, in 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 under the following sections of the Indiana Code governing Powers of Attorney:

IC § 30-5-5-2 Conferring general authority with respect to real property transactions.

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- IC § 30-5-5-3 Conferring general authority with respect to tangible personal property transactions.
- IC § 30-5-5-4 Conferring general authority with respect to bond, share and commodity transactions.
- IC § 30-5-5-4.5 Conferring general authority with respect to retirement plans.
- IC § 30-5-5-5 Conferring general authority with respect to banking transactions.
- IC § 30-5-5-6 Conferring general authority with respect to business operating transactions.
- IC § 30-5-5-7 Conferring general authority with respect to insurance transactions.
- IC § 30-5-5-7.5 Conferring general authority with respect to the handling of transfer on death transfers and payable on death transfers.
- IC § 30-5-5-8 Conferring general authority with respect to beneficiary transactions.
- IC § 30-5-5-9 Conferring general authority with respect to gift transactions.
(Notwithstanding the foregoing, there shall be no limitation on the size or value of any gifts made by my Agents, including any gifts made to my Agents.)
- IC § 30-5-5-10 Conferring general authority with respect to fiduciary transactions.
- IC § 30-5-5-11 Conferring general authority with respect to claims and litigation.
- IC § 30-5-5-12 Conferring general authority with respect to family maintenance.
- IC § 30-5-5-13 Conferring general authority with respect to benefits from military service.
- IC § 30-5-5-14 Conferring general authority with respect to records, reports, and statements.
- IC § 30-5-5-15 Conferring general authority with respect to estate transactions.
- IC § 30-5-5-16 Conferring general authority with respect to health care powers.
- IC § 30-5-5-17 Conferring general authority with respect to withdrawing or withholding of medical treatment on behalf of the principal.
- IC § 30-5-5-18 Conferring general authority with respect to delegating authority.

IC § 30-5-5-19 Conferring general authority with respect to all other matters.

I hereby incorporate by reference all the powers granted an Attorney-in-Fact under Indiana Code Sections 30-5-5-2 through 30-5-5-19 and grant these powers to CAROL A. ROWE or her successors under this document.

ARTICLE IV

MEDICAID PLANNING

In addition to the foregoing, my Attorney-in-Fact shall have the authority to do Medicaid planning and transfers on my behalf to protect and preserve my estate from the burdens of long term health care so that I may receive benefits from government programs (including Medicaid), including the authority to:

- A. Make gifts of any or all of my assets;
- B. Purchase assets that are exempt or not counted in determining qualification under the Medicaid resource test;
- C. Loan or transfer assets; and
- D. Create, revoke or amend any trust to qualify for these benefits or to protect my assets from claims or liens of creditors if laws, regulations, rules or administrative interpretations change.

ARTICLE V

PROVISION APPLICABLE TO ARTICLE III

With respect to Article III (General Asset and Financial Powers), it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

Furthermore, this power of attorney and the authority I have conferred and specified under Article III above shall remain in full force and effect until such time as I may hereinafter revoke the same in writing, provided further, that the same shall not be affected by my subsequent disability, incompetence, or lapse of time.

ARTICLE VI

THIRD-PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact, shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

ARTICLE VII

NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, CAROL A. ROWE, hereinabove designated and appointed, to be my guardian. In the event that she dies, resigns, or is unable to serve, then I nominate MARY C. ROWE as my alternate guardian.

ARTICLE VIII

EFFECTIVE DATE

This power of attorney shall become effective upon this 27th day of September, 2011.

ARTICLE VIII

HEALTH CARE POWERS AND HIPPA AUTHORIZATION

This provision clarifies the authority with respect to health care powers and religious tenets under Indiana Code § 30-5-5-16. In addition, my attorney in fact is authorized to complete any HIPAA compliant authorization required for release of protected health information, and any health care provider, including but not limited to physicians, medical facilities, laboratories, hospitals, nursing homes or any long term care facility, clinics, psychologists, psychiatrists and any related psychological or psychiatric testing or treating facility or hospital who receives such an authorization for release of information may rely on this authorization to disclose whatever protected health information may be requested by my attorney in fact, including but not limited to information regarding my physical, mental or behavioral care and treatment, laboratory results including testing for dangerous communicable disease such as HIV and AIDS virus, x-rays or other imaging studies, other diagnostic test reports and any other information as may be requested by my attorney in fact. My attorney in fact may use and disclose such protected health

information for any stated reason related to my care, including but not limited to evaluation of my competence, arranging for the provision of medical or psychiatric care, medication and prescriptions, insurance issues, evaluation of my care, litigation on my behalf, arranging for my care and custody, and referral requests. I understand that this authorization is revocable at any time and that my revocation must be in writing and sent to my health care providers named herein and that any revocation will not apply to any information that has already been released in response to this authorization. Provided however, that my disability, incompetence or incapacity shall not revoke this HIPAA authorization. Further, I understand and intend that this HIPAA authorization shall also be revoked in the event of my revocation of this power of attorney.

ARTICLE X

MISCELLANEOUS PROVISIONS

1. 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.

2. 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.

3. My Attorney-in-Fact, including 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.

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

5. 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 unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

6. 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.

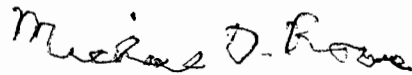
7. This power of attorney authorizes my attorney-in-fact to make various property related decisions on my behalf, some of which related to my health care. Accordingly, I

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confirm that in connection therewith, my Attorney-in-Fact shall be treated as my personal representative for all purposes relating to my Protected Health Information (PHI), as provided in 45 CFR 164.502(g)(2).

8. I direct that this Power of Attorney be given full faith and credit in all of the fifty (50) states of the United States of America, and be honored by all banking institutions and brokerage firms regardless of the state laws in which the financial institution is located. I further direct my Power of Attorney to take whatever action is necessary to conduct my business throughout the United States of America with this valid Power of Attorney and in any foreign country in which I hold assets.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 27th day of September, 2011.



MICHAEL D. ROWE

STATE OF INDIANA)
COUNTY OF LAKE) SS:

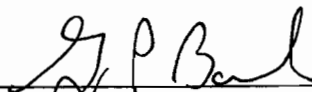
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared MICHAEL D. ROWE, who acknowledged the execution of the foregoing General Durable Power of Attorney this 27th day of September, 2011.

WITNESS my hand and notarial seal.



My Commission expires:

January 25, 2019



Gary P. Bonk, Notary Public

Resident of Lake County

Re: Attachment to Power of Attorney of Michael D. Rowe dated September 27, 2011

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by Law. Connie L. Bauswell

The attached Power of Attorney was not prepared by Attorney Connie L. Bauswell, but submitted for recording with Quitclaim Deed dated April 22, 2015.