

DURABLE POWER OF ATTORNEY

I, Myrtle Campbell, hereby revoke any general power of attorney that I have heretofore given to any person and do hereby appoint Rubin Campbell / Dorothy Campbell to be my true and lawful Agent for me and on my behalf to perform all such acts as my Agent in his/her absolute discretion may deem advisable, as fully as I could do if personally present. This Power of Attorney is durable and shall not be affected by my subsequent disability or incapacity.

* Gary Campbell can act as P.O.A. in emergencies no financial powers

I. Except as otherwise stated in this Power of Attorney, my Agent is given the fullest powers to act on my behalf, including the following powers (**cross out and initial the powers you do not want to give**):

- mc To make limited gifts.
- To create a trust for my benefit. must put unused funds in this other P.O.A. Sign
- mc To make additions to an existing trust for my benefit.
- To claim an elective share of the estate of my deceased spouse. must have other P.O.A. sign
- mc To disclaim any interest in property.
- To renounce fiduciary positions.
- mc To withdraw and receive the income or corpus of a trust.
- To authorize my admission to a medical, nursing, residential, or similar facility and to enter into agreements for my care.
- To authorize medical and surgical procedures. must Resuscitate
- mc To engage in real property transactions.
- mc To engage in tangible personal property transactions.
- To engage in stock, bond, and other securities transactions. must have other P.O.A. Sign
- To engage in commodity and option transactions. must have other P.O.A. Sign
- mc To borrow money.
- mc To enter safe deposit boxes.
- To engage in insurance transactions. Cannot change the policy
- To engage in retirement plan transactions. must have other P.O.A. Sign
- To handle interests in estates and trusts. must have other P.O.A. Sign
- To pursue claims and litigation.
- To receive government benefits. must be put in an account as a trust
- To pursue tax matters.
- To make an anatomical gift of all or part of my body.
- To make or do any of the following (use this space to list any additional powers you want your Agent to have): Keep record of all money being spent. No loans to be given, use money for my well being and maintain property. No hardware

II. This Power of Attorney shall not expire by reason of lapse of time.

permission was given to write for me mc

III. This Power of Attorney shall be revoked by my giving my Agent written notification of the revocation. This notice shall not be considered binding unless actually received. Notice shall be deemed to have been received if hand-delivered or if mailed via the United States Post Office or other nationally-recognized parcel service using a delivery confirmation or tracking receipt.

IV. My Agent shall have authority to make copies of this Power of Attorney and to certify and deliver the copy or original to any person, entity, or government agency. I hereby agree that any third party receiving a duly executed copy or facsimile of this Power of Attorney may act hereunder

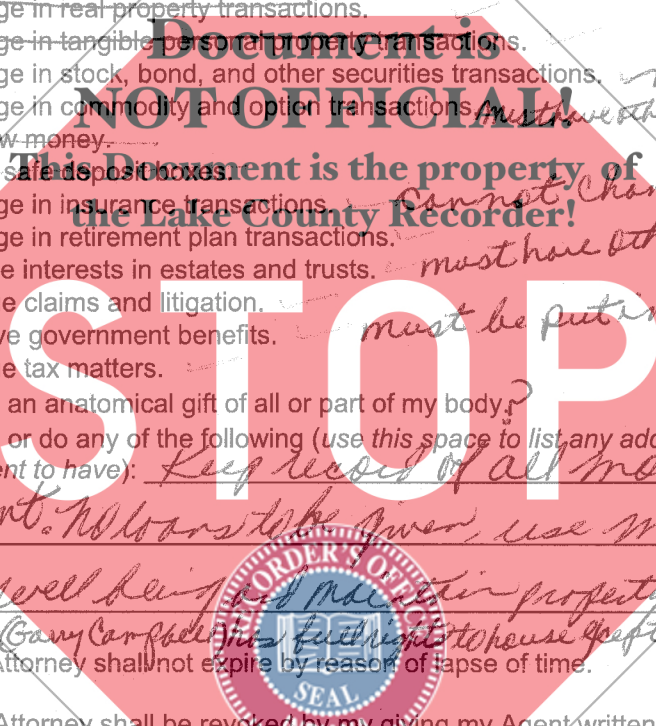
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT -7 PM 12:40

MICHAEL B. BROWN
RECORDER

2015 068883



and that revocation or termination of the Power of Attorney shall be ineffective as to such third party unless the third party possesses notice or knowledge of such revocation or termination.

V. I willfully and voluntarily sign this document and I understand its purpose.

X Myrtle Campbell 1-3-15
Principal's Signature Date

MYRTLE Campbell

Statement and Signature of Witnesses.

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud, or undue influence. (Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person may not be a witness if he/she signs this document on behalf of and at the direction of a Principal.

Marnita D Campbell
Witness Signature

MARNITA D Campbell
Print Name

Latonya L Campbell
Witness Signature

Latonya L. Campbell
Print Name

Notarization (Optional)

Notarization of document is not required in Pennsylvania, but if the document is both witnessed and notarized, it is more likely to be honored in some other states.

On this 3 day of January, 2015, before me personally appeared the aforesaid declarant, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of Lake County, Indiana, Commonwealth of Pennsylvania, the day and year first above written.

[Signature]
Notary Public

4-2-22
My Commission Expires

"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."
PREPARED BY:

Shera Campbell

