

This is to certify that this is a true and exact copy of the original instrument.

2014070445 POAY \$17.00
07/14/2014 08:14:42A 3 PGS
Deborah A. Wright
Kosciusko County Recorder IN
Recorded as Presented



BY Chicago Title
Lindemann

GENERAL DURABLE
POWER OF ATTORNEY

4

I, Dorothy H. Kadas, having been first duly sworn, state that effective immediately, I revoke all prior powers of attorney and I hereby name, nominate, constitute and appoint as my attorney-in-fact, Kim B. Kadas, who for me and in my name, place and stead, shall, effective immediately upon my direction or my unavailability or my inability to so act, be authorized to do any or all of the following acts set out in the following Indiana Code sections: I.C. 30-5-5-2 with respect to real property transactions; I.C. 30-5-5-3 with respect to tangible personal property transactions; I.C. 30-5-5-4 with respect to bond, share, and commodity transactions; I.C. 30-5-5-4.5 with respect to retirement plans; I.C. 30-5-5-5 with respect to banking transactions; I.C. 30-5-5-6 with respect to business operating transactions; I.C. 30-5-5-7 with respect to insurance transactions; I.C. 30-5-5-7.5 with respect to transfers on death or payable on death transfers; I.C. 30-5-5-8 with respect to beneficiary transactions; I.C. 30-5-5-9 with respect to gift transactions; I.C. 30-5-5-10 with respect to fiduciary transactions; I.C. 30-5-5-11 with respect to claims and litigations; I.C. 30-5-5-12 with respect to family maintenance; I.C. 30-5-5-13 with respect to benefits from military service; I.C. 30-5-5-14 with respect to records, reports, and statements; I.C. 30-5-5-15 with respect to estate transactions; I.C. 30-5-5-16 with respect to health care powers; I.C. 30-5-5-17 with respect to consent to or refusal of health care; I.C. 30-5-5-18 with respect to delegating authority; and I.C. 30-5-5-19 with respect to all other matters.

2015 069289

2015 OCT -9 AM 11:21

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

I further hereby nominate and express my desire that should it become necessary to have a guardian of my estate, that my attorney(s) in fact appointed herein, or either of them, if applicable, shall be appointed as such guardians of my estate.

In supplementation of the powers granted hereinabove, I further intend and expressly give my attorney(s)-in-fact the authority to act as I might act and to be treated as I would be with respect to my rights regarding the use and/or disclosure of my individually identifiable health and medical information and records. This release authority applies to any and all information or records governed by the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, as currently codified at 42 U. S. C. 1320d, and the regulations implementing such ACT at CFR 160-164, as they now exist and as they may hereafter amended. The authority of my agent to have access to my medical information and records has no expiration date, and shall expire as to any health care provider or record keeper only if I revoke the authority and actual notice of such revocation has been given to that specific health care provider or record keeper.

This Power of Attorney may only be revoked by a written instrument signed by me and shall not be affected by any disability or incapacity that I may have after this date. It may be recorded. I authorize the use of photocopies of this document as sufficient evidence of the power and authority of my attorney(s)-in-fact.

180
05
DN

1502085

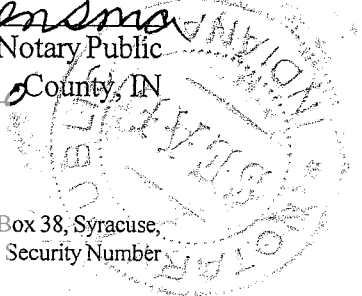
IN WITNESS WHEREOF, I have hereunto affixed my signature on this 16th day of June, 2014.

Dorothy H. Kadas
Dorothy H. Kadas
9840 N. American Way
Syracuse, IN 46567
Date of Birth: 12-17-32

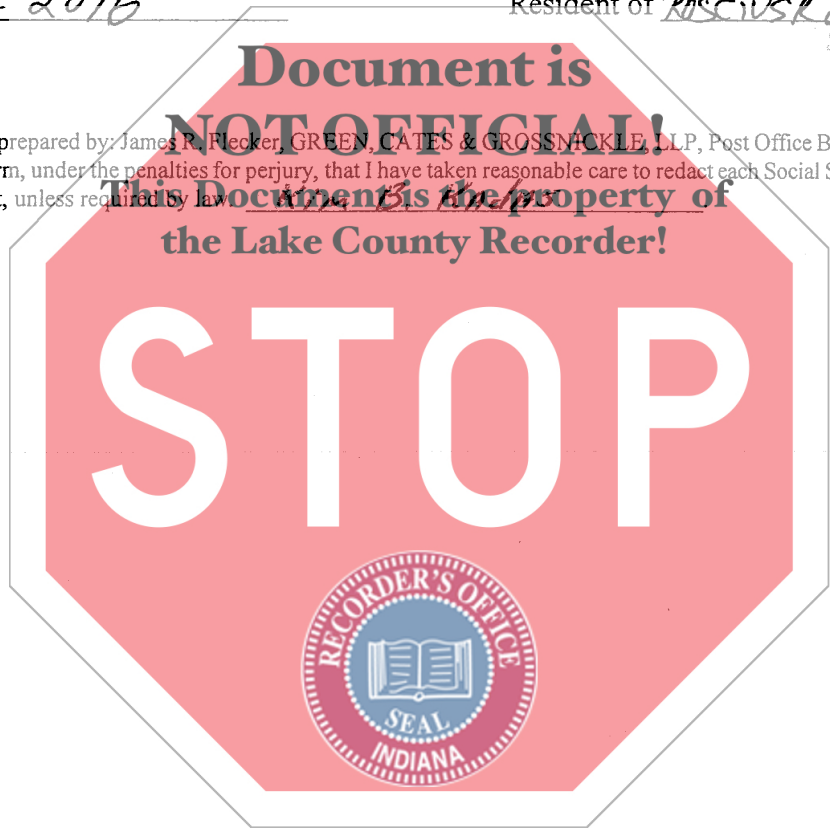
Before me, the undersigned, a Notary Public in and for St. Joseph County, Indiana, personally appeared Dorothy H. Kadas and acknowledged the execution of this instrument this 16th day of June, 2014.

My commission expires:
1-2-2016

Jeanne Symensma
Jeanne Symensma Notary Public
Resident of Kosciusko County, IN



This instrument prepared by: James R. Flecker, GREEN, CATES & GROSSNACKLE, LLP, Post Office Box 38, Syracuse, IN 46567. 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. None

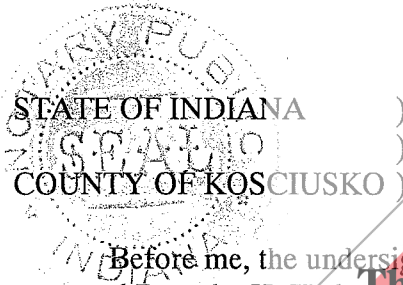


June 25, 2014

To Whom it May Concern:

Effective immediately this 25th day of June, 2014 I hereby authorize my son, Kim Kadas, to use my General Durable Power of Attorney to conduct any business transactions on my behalf that he deems necessary.

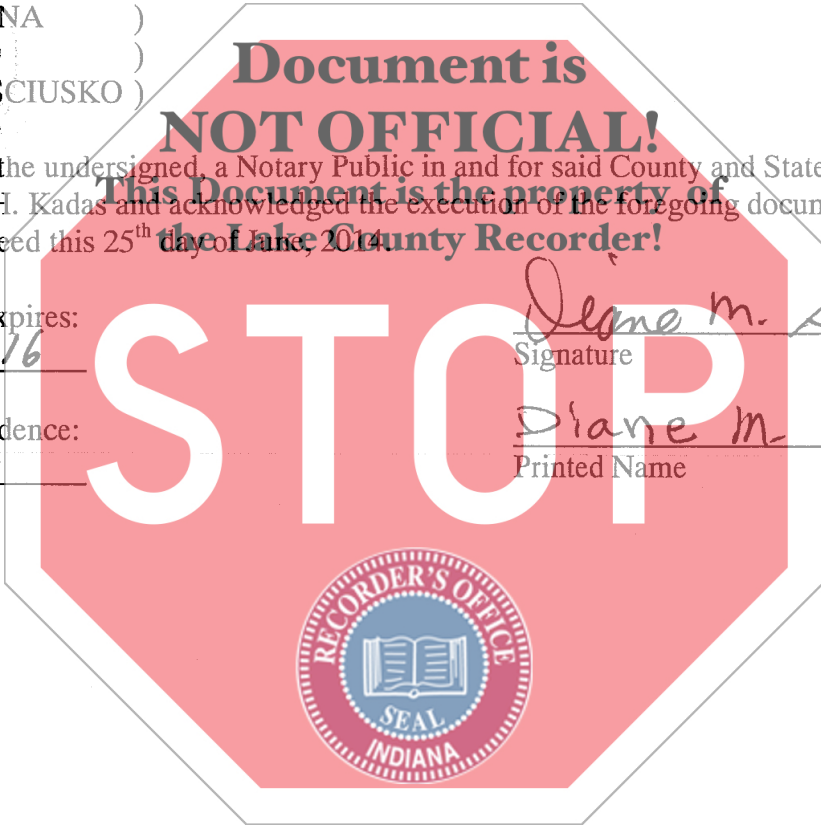
Dorothy H. Kadas
DOROTHY H. KADAS



Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Dorothy H. Kadas and acknowledged the execution of the foregoing document to be her voluntary act and deed this 25th day of June, 2014.

My Commission Expires:
1-2-2016

My County of Residence:
KOSCIUSKO



Diane M. Symensma
Signature
Diane M. Symensma
Printed Name

June 25, 2014

To Whom it May Concern:

Effective immediately this 25th day of June, 2014 I hereby authorize my son, Kim Kadas, to use my General Durable Power of Attorney to conduct any business transactions on my behalf that he deems necessary.

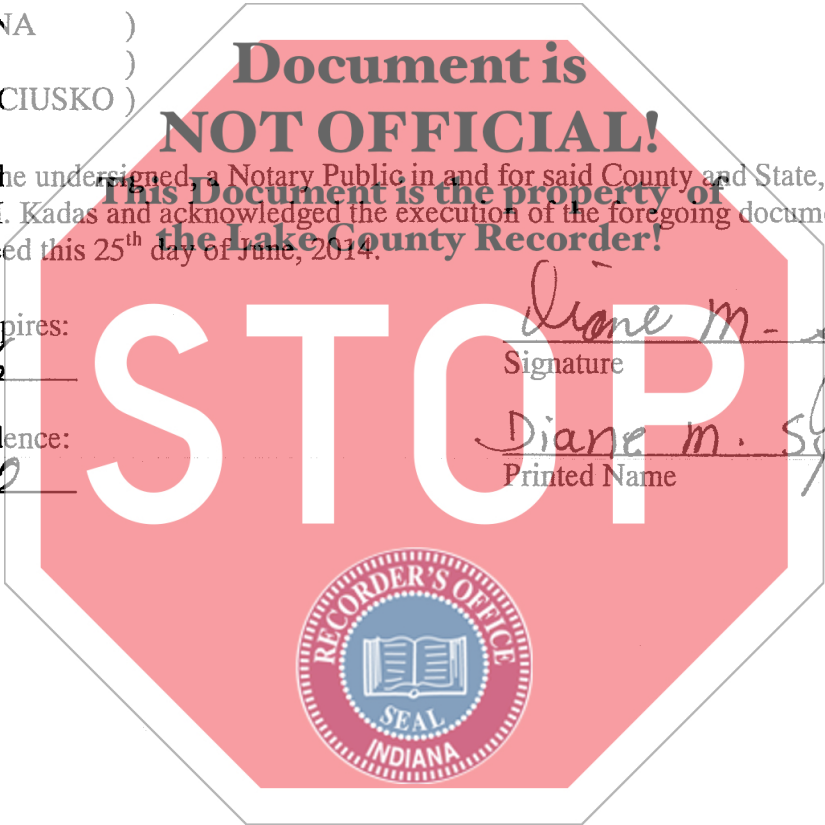
Dorothy Kadas
DOROTHY H. KADAS

STATE OF INDIANA)
)
COUNTY OF KOSCIUSKO)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Dorothy H. Kadas and acknowledged the execution of the foregoing document to be her voluntary act and deed this 25th day of June, 2014.

My Commission Expires:
1-2-2016

My County of Residence:
KOSCIUSKO



Diane M. Symensma
Signature
Diane M. Symensma
Printed Name