

7. That Sean Jackson is the only son of Eddie Lee Jackson and Ruth Jackson.

8. That, by virtue of heirs at law, the said real estate was not subject to the Federal Estate Tax, and passed to Sean Jackson by operation of law free from the lien thereof.

9. That pursuant to Indiana Code § 6-4.1-4-0.5 the said decedent's estate was not subject to taxation or filing requirements of the Indiana Inheritance Tax insofar as the total fair market value of the property interests transferred or to be transferred do not exceed the exemption provided to any transferee under Indiana Code § 6-4.1-3-9.1 through Indiana Code § 6-4.1-3-12.

10. That the statements made in this Affidavit are true and complete and are made for the purpose of establishing the heirship of Eddie Lee Jackson.


And further affiant sayeth not.

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Bernice Clark, Power of Attorney for Sean Jackson

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Bernice Clark who executed the above and foregoing document, and swore or affirmed that the representations of fact contained therein are true, this 8th day of October, 2021.


My Commission Expires: September 28, 2022
Resident of Lake County, Indiana


Lynette G. Garling, Notary Public

Pursuant to IC 36-2-4-15, 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.

Signature: [Signature] Date signed: 10-8-15
Printed: Peggy Jo Stamper

This document prepared by Peggy Jo Stamper, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307

CERTIFICATE OF DEATH



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 000097

EDR No 00000369911

State No

1. Decedent's Legal Name (First, Middle, Last) EDDIE LEE JACKSON				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 01:52 PM		4. Date Of Death (Month/Day/Year) 02/12/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 88		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) 07/07/1925				8. Birthplace (City and State or Foreign Country) FAIRFIELD, AL							
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) 1189 CLINTON STREET											
12. City Or Town, State, And Zip Code GARY, IN, 46312-406						13. County Of Death LAKE			14. Marital Status At Time Of Death: <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation PICKLER		17. Kind Of Business/Industry U S STEEL CORP	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY					
18c. Street And Number 1189 CLINTON STREET						18d. Apt. No.		18e. Zip Code 46406		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE, NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) UNKNOWN UNKNOWN				23. Mother's Name (First, Middle, Last) UNKNOWN UNKNOWN				23a. Mother's Maiden Last Name UNKNOWN			
24. Informant's Name CHARLES AKINS			24a. Relationship To Decedent NEPHEW			24b. Mailing Address (Street And Number, City, State, Zip Code) 4244 VAN BUREN STREET, GARY, IN 46406					
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) RIDGELAWN CEMETERY				25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number FH183007704			
27b. Signature Of Indiana Funeral Service Licensee: PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700298					
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE CARDIOPULMONARY ARREST Due to (Or As A Consequence Of):										Approximate Interval: Onset To Death 2 DAYS	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A - Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last: B. MALNUTRITION Due to (Or As A Consequence Of):										6 MONTHS	
C. _____ Due to (Or As A Consequence Of):											
D. _____ Due to (Or As A Consequence Of):											
Part II: Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: OLABODE E OLADEINDE, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: OLABODE E OLADEINDE, 909 W. MAUMEE STREET, ANGOLA, IN 46703						44. License Number 01046988A		45. Date Certified 03/10/2014			
46. Additional Funeral Service Provider						47. *Akas:					
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) MAR 13 2014					



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CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

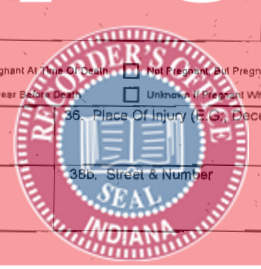
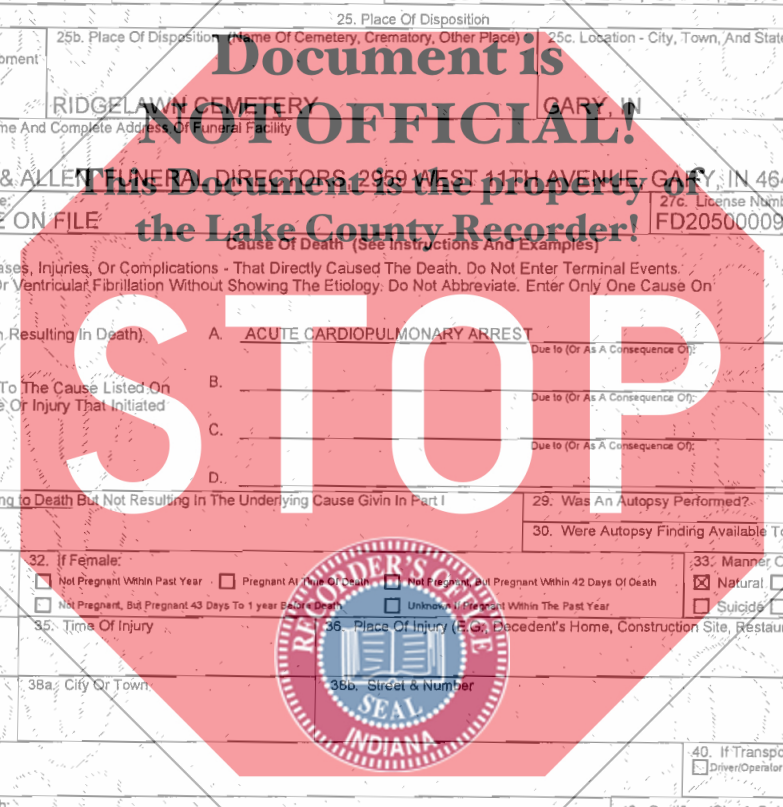


Local No 000402

EDR No 00000061882

State No 053591

1. Decedent's Legal Name (First, Middle, Last) RUTH JACKSON			1a. Maiden Name (If female) WILLIAMS		2. Sex FEMALE	3. Time Of Death 02:30 AM	4. Date Of Death (Month/Day/Year) 06/23/2008	
5. Social Security Number [REDACTED]		6a. Age - Yrs 82	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/21/1925	
8. Birthplace (City and State or Foreign Country) STARKVILLE, MS		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival			
10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			11. Facility Name (If Not Institution, Give Street and Number) TIMBERVIEW NURSING HOME					
12. City Or Town, State, And Zip Code GARY, IN, 46406			13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name EDDIE LEE JACKSON			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation SALES CLERK		17. Kind Of Business/Industry DEPARTMENT STORE	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 1189 CLINTON STREET	18d. Apt. No.	18e. Zip Code 46406
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		
22. Father's Name (First, Middle, Last) DAVID WILLIAMS			23. Mother's Name (First, Middle, Last) NANCY WILLIAMS			23a. Mother's Maiden Last Name GREGORY		
24. Informant's Name EDDIE LEE JACKSON		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1189 CLINTON STREET, GARY, IN 46406				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) RIDGELAWN CEMETERY		25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404				27a. Funeral Home License Number FH83007704		
27b. Signature Of Indiana Funeral Service Licensee TAQUIA ADDISON, SIGNATURE ON FILE		27c. License Number (Of Licensee) FD20500009				Cause Of Death (See Instructions And Examples)		
28; Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE CARDIOPULMONARY ARREST Due to (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last: B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____								Approximate Interval: Onset To Death
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I ESRD, SEPTIC ASTHMA, ILLEGIBLE CHF						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown, All Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (If On Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: OLABODE OLADIENDE, SIGNATURE ON FILE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: OLABODE OLADIENDE, 5304 BROADWAY PLAZA STE. 105, MERRILLVILLE, IN 46410						44. License Number 01046988		45. Date Certified 08/04/2008
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: RICARDO HOOD, SIGNATURE ON FILE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 06 2008		



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GENERAL (DURABLE) POWER OF ATTORNEY

SEAN JACKSON of 1189 Clinton Street, Gary, Indiana 46406, the Principal, hereby creates this General Power of Attorney for the purpose of enabling the Agent named below to act as the Principal's agent and attorney-in-fact on all matters at all times, either before or after the disability of the Principal.

1. **Designation of Agent.** The Principal hereby designates and appoints BERNICE CLARK, 436 Polk Street, Gary, Indiana 46402 to be the Principal's agent and attorney-in-fact to act in the Principal's name and stead for all purposes.

2. **Effective Date.** This General Power of Attorney and the powers conferred herein shall be effective as of the date of the execution of this General Power of Attorney by the Principal, which date is set forth below.

3. **Disability or Disappearance of Principal.** This General Power of Attorney shall not be affected by the disability of the Principal. The powers and authority conferred to the Agent in this instrument shall be fully exercisable by the Agent notwithstanding the subsequent disability or incapacity of the Principal or the later uncertainty as to whether the Principal is alive or dead. All acts performed by the Agent pursuant to this General Power of Attorney during any period of disability or incompetence of the Principal or during any period of uncertainty as to whether the Principal is alive or dead shall have the same effect and inure to the benefit of and bind the Principal, or the heirs, devisees, and personal representative thereof, to the same extent as if the Principal were alive, competent and not disabled.

4. **Powers of Agent.** The Agent acting under this General Power of Attorney shall have the full power and authority to do and perform every act and thing to the same extent as the Principal could do if personally present and under no disability. The Agent shall have all of the powers, rights, discretions, elections, and authority conferred by statute, the common law, or rule of court or governmental agency that are reasonably necessary for the Agent to act on the Principal's behalf for any purpose. In addition to these general powers, the Agent shall have the following specific powers:

A. The power to request, ask, demand, sue for, recover, sell, collect, forgive, receive, and hold money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stocks, bonds, certificates of deposit, annuities, pension and retirement benefits, insurance proceeds, any and all documents of title, choses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now are, or may become, owned by, or due, owing, payable, or belonging to the Principal, or to which the Principal has or may hereafter acquire an interest; to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in the Principal's name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same; and to make, execute and deliver for the Principal, on the Principal's behalf and in the Principal's name, all endorsements, acceptances, releases, receipts, or other sufficient discharges for the same.

B. The power to prepare, sign, and file joint or separate income tax returns or declarations or estimated tax returns for any year or years; to prepare, sign, and file gift tax returns with respect to gifts made by the Principal, or by the Agent on the Principal's behalf, for any year or years; to consent to any gift and to utilize any gift-splitting provision or other tax election; and to prepare, sign, and file any claim for refund of any tax. This power is in addition to and not in limitation of the tax powers granted in the next paragraph.

C. The power and authority to do, take, and perform each and every act and thing that is required, proper, or necessary to be done, in connection with executing and filing any tax return, receiving and cashing any refund checks with respect to any tax filing, and dealing with the Internal Revenue Service and any state and local tax authority concerning any gift, estate, inheritance, income, or other tax, and any audit or investigation of same. This power shall include the power to do all acts that could be authorized by a properly executed Form 2848, entitled "Power of Attorney and Declaration of Representative," granting the broadest powers provided therein to the Agent.

D. The power to conduct, engage in and transact any lawful matter of any nature, on behalf of or in the name of the Principal, and to maintain, improve, invest, manage, insure, lease, or encumber, and in any manner deal with any real, personal, tangible, or intangible property, or any interest in them, that the Principal now owns or may later acquire, in the name of and for the benefit of the Principal, upon such terms and conditions as the Agent shall deem proper.

E. The power to exercise or perform any act, power, duty, right, or obligation that the Principal now has, or may later acquire, including, without limiting the foregoing, the right to enter into a contract of sale and to sell any real, personal, tangible, or intangible property on the Principal's behalf and the right to renounce or disclaim any testamentary or nontestamentary transfer intended for the Principal.

F. The power to make, receive, sign, endorse, acknowledge, deliver, and possess insurance policies, documents of title, bonds, debentures, checks, drafts, stocks, proxies, and warrants, relating to accounts or deposits in, or certificates of deposit, other debts and obligations, and such other instruments in writing of any kind or nature as may be necessary or proper in the exercise of the rights and powers herein granted.

G. The power to sell any and all shares of stocks, bonds, or other securities now belonging to or later acquired by the Principal that may be issued by any association, trust, or corporation, whether private or public, and to make, execute, and deliver any assignment, or assignments, of any such shares of stocks, bonds, or other securities.

H. The power to conduct or participate in any business of any nature for and in the name of the Principal; execute partnership agreements and amendments thereto; incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate, or dissolve any business; elect or employ officers, directors, and agents; carry out the provisions of any agreement for the sale of any business interest or the stock therein; and exercise voting rights with respect to stock, either in person or by proxy, and exercise stock options.

I. The power to enter any safe deposit box rented by the Principal, and to remove all or any part of the contents thereof, 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 the Principal or the Principal's estate as a result of permitting the Agent to exercise the powers herein granted.

J. The power to make outright gifts of cash or property to adults or to minors in custodial form under an applicable Gifts to Minors Act, in amounts not to exceed Ten Thousand Dollars (\$10,000.00) to each adult or minor donee in any calendar year. Permissible donees hereunder shall include my spouse, any of my children or stepchildren and their descendants, or any descendant of a brother or sister of mine or of any person to whom I shall have been married, as well as any person who shall be married to any of the foregoing.

K. The power to convey or assign any cash or other property of which the Principal shall be possessed to the trustee or trustees of any trust that the Principal may have created, provided that such trust is subject to revocation by the Principal, which power shall be exercisable hereunder by the Agent.

L. The power to purchase United States Government Bonds known as "Flower Bonds," which may be used in payment of death taxes from the Principal's estate.

M. Subject to the provisions of section 1 above, the power to appoint a substitute or alternate agent and attorney-in-fact, who shall have all powers and authority of the Agent.

5. **Limitation of Power of Agent.** Notwithstanding any other provision of this General Power of Attorney, the Agent shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation relating to any person, matter, transaction or property held or possessed by the Principal as a trustee, custodian, personal representative or other fiduciary capacity. In addition, the Agent shall have no power or right to perform any of the following functions: None.

6. **Ratification.** The Principal hereby ratifies, acknowledges and declares valid all acts performed by the Agent on the Principal's behalf prior to the effective date of this General Power of Attorney.

7. **Revocation and Termination.** This General Power of Attorney is revocable by the Principal, provided that insofar as any governmental agency, bank, depository, trust company, insurance company, other corporation, transfer agent, investment banking company or other person who shall rely upon this power, this power may be revoked only by a notice in writing executed by the Principal and delivered to such person or institution.


This General Power of Attorney shall not be revoked or otherwise become ineffective in any way by the mere passage of time, but rather shall remain in full force and effect until revoked by the Principal in writing.

The Principal hereby revokes any and all general powers of attorney previously executed by the Principal, if any, and the same shall be of no further force or effect. However, the Principal does not intend in this General Power of Attorney to affect, modify or terminate any special, restricted or limited power or powers of attorney previously granted by the Principal in connection with any banking, borrowing or commercial transaction.

8. **Construction.** This General Power of Attorney is executed and delivered in the State of INDIANA, and the laws of the State of INDIANA shall govern all questions as to its validity and as to the construction of its provisions. This instrument is to be construed and interpreted as a general durable power of attorney. The enumeration of specific powers is not intended to limit or restrict the general powers granted to the Agent in this instrument.

9. **Reliance.** Third parties may rely upon the representations of the Agent as to all matters related to any power granted to the Agent in this instrument, and no person who acts in reliance upon the representation of the Agent shall incur any liability to the Principal or the Principal's estate as a result of permitting the Agent to exercise any power. Third parties may rely upon a photocopy of this executed General Power of Attorney to the same extent as if the copy were an original of this instrument.

th
18 IN WITNESS WHEREOF, the Principal has executed this Durable Power of Attorney on the day of September, 2015.

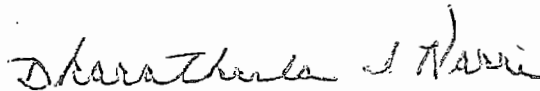

Principal, SEAN JACKSON

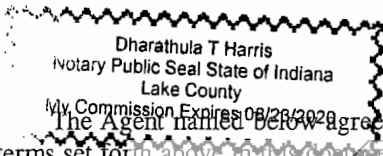
State of INDIANA

County of LAKE

The above document was acknowledged before me this 18th day of September, 2015 by SEAN JACKSON.

My Commission Expires: 8-23-2020


Notary Public,



The Agent named below agrees to serve as the Principal's agent and attorney-in-fact pursuant to the terms set forth above in this document.

9-18-2015
DATE

Document is NOT OFFICIAL!
Agent, BERNICE CLARK

This Document is the property of the Lake County Recorder!

