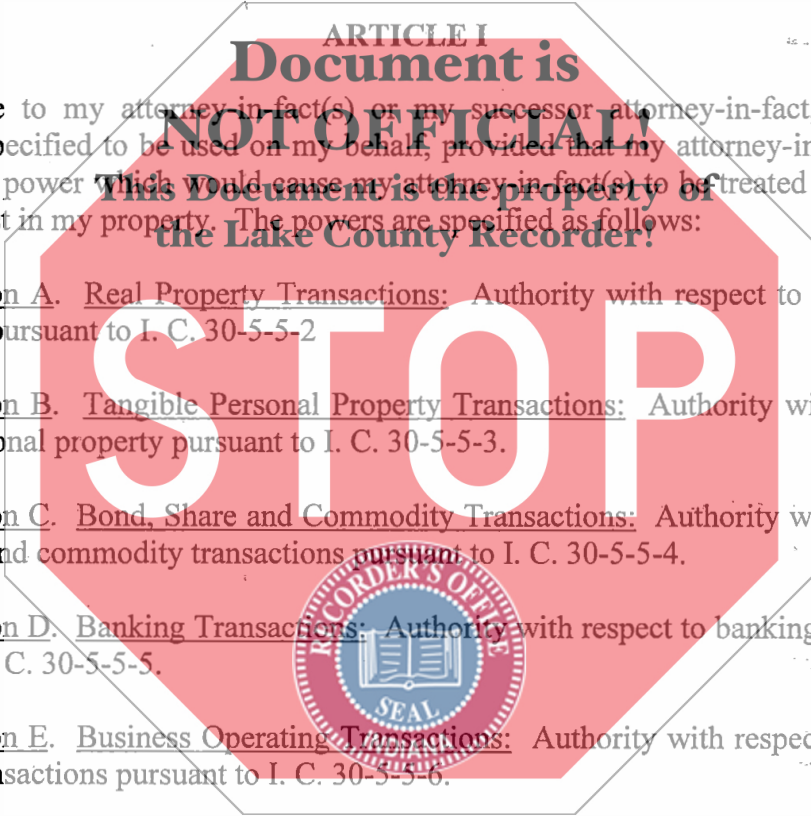


4

Durable Power of Attorney

I, **JUDITH F. HEISER**, of Crown Point, Lake County, State of Indiana, born March 6, 1942, (as "Principal"), have this day appointed my son, **PAUL J. HEISER**, born November 22, 1966, of Edwardsville, Madison County, Illinois, to serve as my attorney in fact ("attorney-in-fact"). In the event **PAUL J. HEISER** is unable or unwilling to serve as my durable power of attorney, I hereby appoint and nominate my daughter-in-law, **VALERIE L. HEISER**, born May 11, 1971, of Edwardsville, Madison County, Illinois as my successor attorney in fact.

This power of attorney shall become effective as of the date it is signed.



I give to my attorney-in-fact(s) or my successor attorney-in-fact, the powers hereinafter specified to be used on my behalf, provided that my attorney-in-fact(s) shall not have any power which would cause my attorney-in-fact(s) to be treated as the owner of any interest in my property. The powers are specified as follows:

Section A. Real Property Transactions: Authority with respect to real property transactions pursuant to I. C. 30-5-5-2

Section B. Tangible Personal Property Transactions: Authority with respect to tangible personal property pursuant to I. C. 30-5-5-3.

Section C. Bond, Share and Commodity Transactions: Authority with respect to bond, share and commodity transactions pursuant to I. C. 30-5-5-4.

Section D. Banking Transactions: Authority with respect to banking transactions pursuant to I. C. 30-5-5-5.

Section E. Business Operating Transactions: Authority with respect to business operating transactions pursuant to I. C. 30-5-5-6.

Section F. Insurance Transactions: Authority with respect to insurance transactions pursuant to I. C. 30-5-5-7 provided that references in I. C. 30-5-5-7 (a) (2) and (3) to Section 8 are changed "to Section 9".

Section G. Beneficiary Transactions: Authority with respect to beneficiary transactions pursuant to I. C. 30-5-5-8.

Section H. Gifts: Authority with respect to gift transactions pursuant to I. C. 30-5-5-9.

2015 OCT 19 AM 9:58

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER

FIDELITY NATIONAL
TITLE COMPANY
FR1507141

AMOUNT \$ 18-
CASH _____ CHARGE FD
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF
DEPUTY SS

JH

Section I. Fiduciary Transactions: Authority with respect to fiduciary transactions pursuant to I. C. 30-5-5-10.

Section J. Claims and Litigation: Authority with respect to claims and litigation pursuant to I. C. 30-5-5-11.

Section K. Family Maintenance. Authority with respect to family maintenance pursuant to I. C. 30-5-5-12.

Section L. Benefits from Military Service. Authority with respect to benefits from military service pursuant to I. C. 30-5-5-13.

Section M. Records and Reports and Statements. Authority with respect to records, reports, and statements pursuant to I. C. 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any tax authority to allow my attorneys-in-fact to act on my behalf before the taxing authority on any return or issue.

Section N. Estate Transactions. Authority with respect to estate transactions pursuant to I. C. 30-5-5-15.

ARTICLE II - HEALTH CARE

I appoint my son, **PAUL J. HEISER**, who is also my attorney-in-fact(s), as my health care representative with authority to act for me in all matters of health care in accordance with I. C. 16-36-1 as shown by the appointment under I.C. 16-36-1-7 and I.C. 16-36-4-10 which a copy is attached to this power of attorney pursuant to I.C. 30-5-5-16(b)(2) and I.C. 30-5-5-17 or may be provided upon request. In the event that **PAUL J. HEISER** cannot or is unable to serve as health care representative, I hereby nominate and appoint my daughter-in-law, **VALERIE L. HEISER** as my successor health care representative. She shall be given all powers designated to my original health care representative by means of the appointment of health care representative signed on September 5, 2013.

ARTICLE III - DELEGATION

I hereby grant unto my attorney-in-fact(s) the authority with respect to delegating authority pursuant to I. C. 30-5-5-18.

ARTICLE IV - DURABILITY

This power of attorney shall not be affected by the subsequent disability or incapacity of the principal or lapse of time.

JH

ARTICLE V - GENERAL PROVISIONS

1. All prior powers of attorney executed by me prior to the date of this power of attorney are hereby revoked.

2. If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

3. This instrument shall be governed by the laws of the State of Indiana in all respects.

4. This instrument may be amended or revoked by me, and my agent may be removed by me at any time by the execution by me of a written instrument of revocation, or removal delivered to my attorney-in-fact. My attorney-in-fact(s) may resign by the execution of a written resignation delivered to me, or if I am mentally incapacitated, by delivering to any person with whom I am residing or who has my care and custody.

5. Guardian: If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact(s) to act on my behalf as my guardians.

6. This instrument has been executed in duplicate, both duplicate originals have equal force and effect.

7. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

8. My attorney-in-fact(s) are authorized to make photocopies of this instrument as frequently and in such quantity as my attorney in fact shall deems appropriate. All photocopies shall have the same force and effect as the original.

IN WITNESS WHEREOF, I have executed this durable power of attorney this 5th day of September, 2013.


JUDITH F. HEISER

JH

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State personally appeared JUDITH F. HEISER, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 5th day of September, 2013.

B M Smith

BRIAN M. SMITH, Notary Public

My Commission Expires: 02/20/2014

County of Residence of Notary Public: Lake

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder

BRIAN M. SMITH
NOTARY PUBLIC
SEAL
STATE OF INDIANA
My Commission Expires Feb. 20, 2014

STOP

Clk Paul Heiser

Return Recorded Documents to: 318 Willow Creek Dr, Edwardsville IL 62025

"I affirm, under the penalties for perjury, that I have the reasonable cause to suspect each Social Security number on this document, unless required by law."

Paul Heiser



This instrument prepared by:
Law Offices of Brian M. Smith, P.C.
2260 W. 93rd Avenue, Merrillville, IN 46410
(219) 769-2051