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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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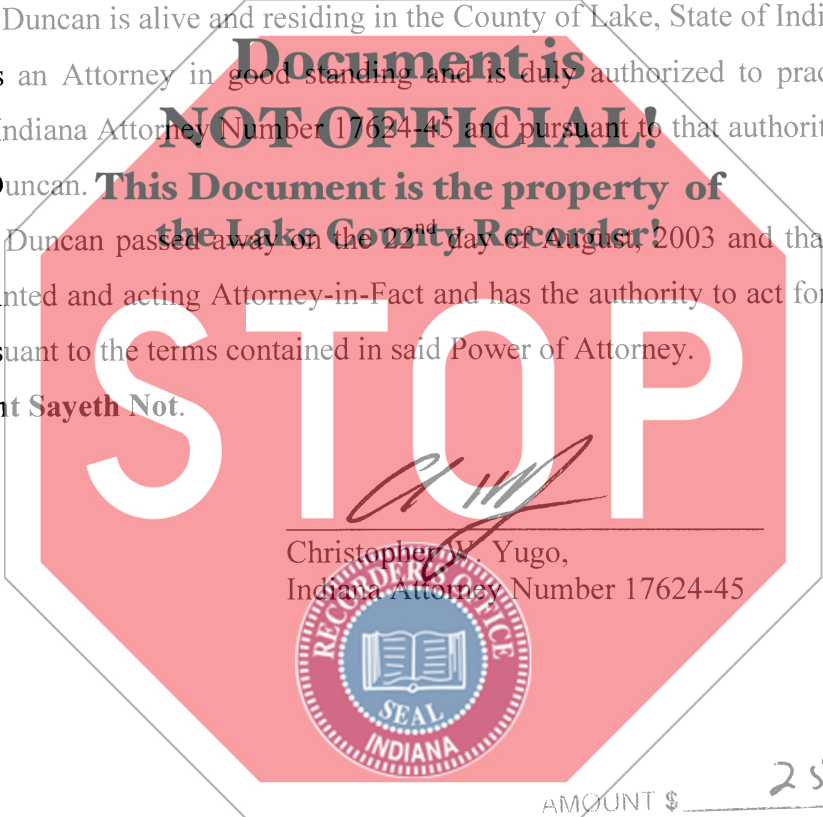
MICHAEL B. BROWN  
RECORDER

### AFFIDAVIT AND CERTIFICATION OF POWER OF ATTORNEY

Under the pains and penalties of perjury, the undersigned hereby affirms as follows:

1. That Affiant has personal knowledge of the facts contained herein.
2. That the Power of Attorney executed by Rupert L. Duncan on the 7<sup>th</sup> day of July, 2003 appointing "Arline S. Duncan or Dean A. Duncan" as Attorney-in-Fact is currently in full force and effect and has not been revoked and/or modified. A complete and accurate copy of said Power of Attorney bearing the original signature of Rupert L. Duncan is attached hereto and made a part hereof.
3. That Rupert L. Duncan is alive and residing in the County of Lake, State of Indiana.
4. That Affiant is an Attorney in good standing and is duly authorized to practice law in the State of Indiana under Indiana Attorney Number 17624-45 and pursuant to that authority serves as legal counsel for Rupert L. Duncan.
5. That Arline S. Duncan passed away on the 22<sup>nd</sup> day of August, 2003 and that Dean A. Duncan is the sole duly appointed and acting Attorney-in-Fact and has the authority to act for and on behalf of Rupert L. Duncan pursuant to the terms contained in said Power of Attorney.

**Further Affiant Sayeth Not.**

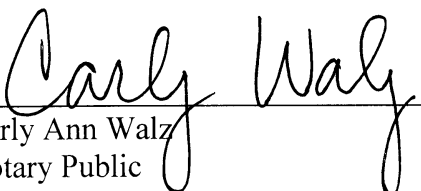


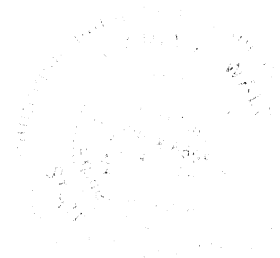
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 CLERK RM

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County, this 28<sup>th</sup> day of October, 2015, came **Christopher W. Yugo**, and acknowledged the execution of the foregoing instrument as his free and voluntary act.

Witness my hand and official seal.

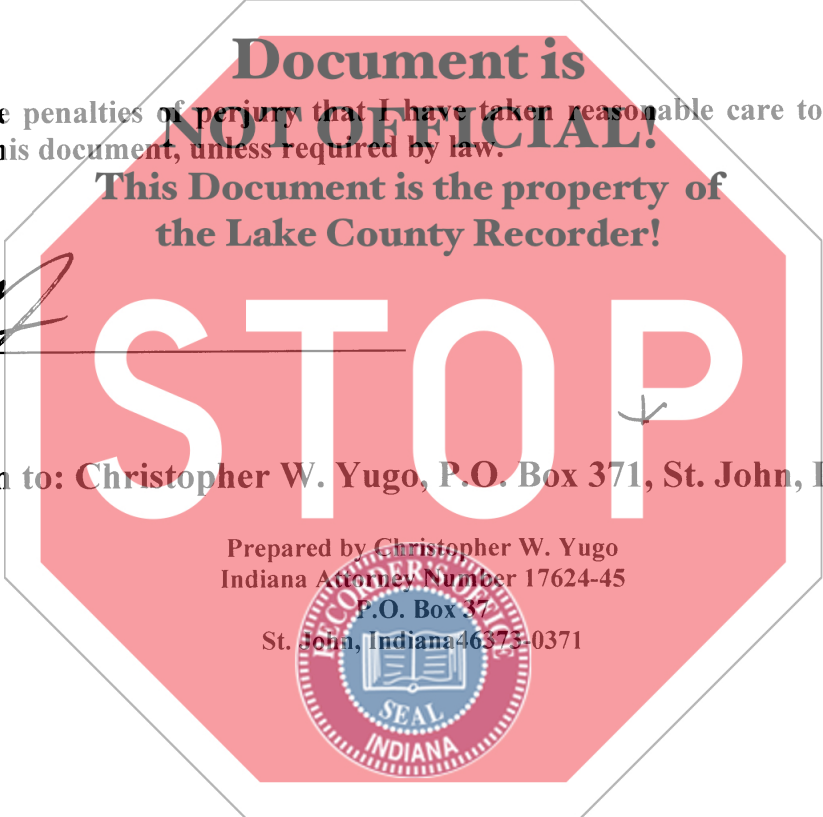
  
Carly Ann Walz  
Notary Public

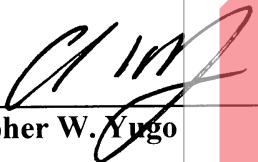


Commission Expires: 10/28/2022  
Resident County: Lake

I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**



  
Christopher W. Yugo

**Record and Return to: Christopher W. Yugo, P.O. Box 371, St. John, Indiana 46373-037**

Prepared by Christopher W. Yugo  
Indiana Attorney Number 17624-45  
P.O. Box 371  
St. John, Indiana 46373-0371



**DURABLE GENERAL POWER OF ATTORNEY AND  
APPOINTMENT OF HEALTH CARE REPRESENTATIVE**

**BY RUPERT L. DUNCAN**

I, appoint, **ARLINE S. DUNCAN OR DEAN A. DUNCAN**, as my attorney-in-fact to do any lawful act for me and in my name.

**GRANTING OF POWER**

By way of illustration only, and not intending any limitation, I specifically grant to my attorney-in-fact the POWER to:

1. (A) Buy, receive, accept, or otherwise acquire any property. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.) (B) Sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber any property. (C) Contract or agree for the acquisition, disposition, or encumbrance of any property.

2. (A) Take, hold, possess, invest, lease, let, or otherwise manage my property. (B) Eject, remove or relieve tenants, holders, or others of possession of my property. (C) Maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve any property. (D) Enter safety deposit boxes and remove or deposit items.

3. Transact any kind of business, including the receipt, recovery, collection, payment,

compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due and payable by or to me.

4. Make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, mortgages, security agreements, hypothecations, checks, notes, bonds, vouchers, receipts, and other instruments.

5. Deposit or withdraw in either my name, the attorney's name, or jointly in both names funds, negotiable paper, credit, rights or money that may come into the attorney's hands or that may be on deposit for me including but not limited to those held in IRAs, 401ks or other retirement plans.

6. Institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

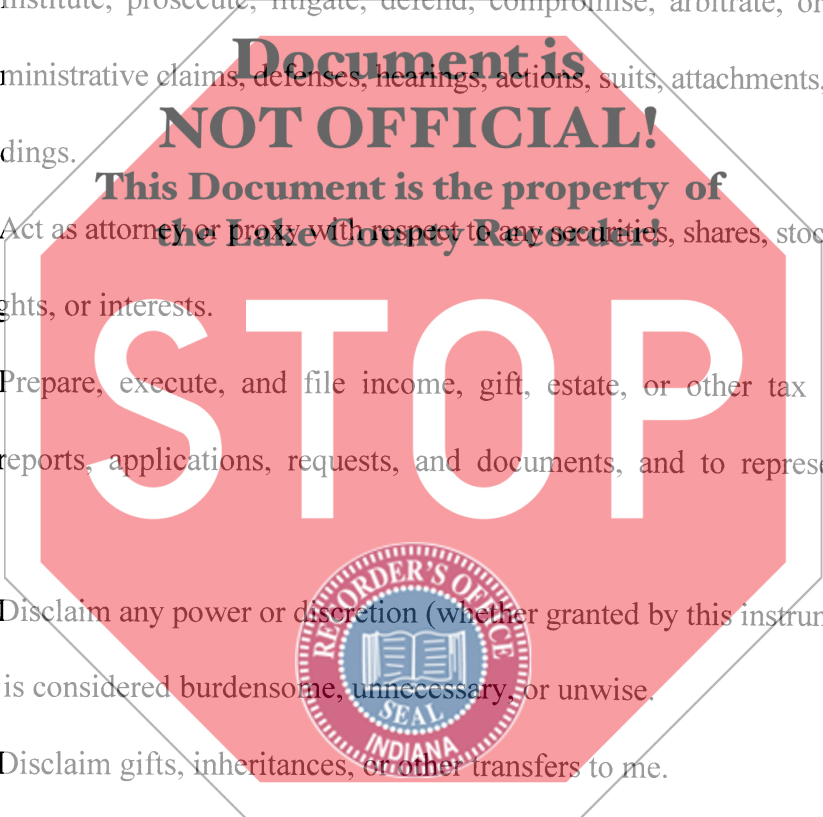
7. Act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

8. Prepare, execute, and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents, and to represent me in all tax proceedings.

9. Disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

10. Disclaim gifts, inheritances, or other transfers to me.

11. Purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases.



12. My attorney-in-fact shall NOT, however, have any authority to deal with any insurance that I may own upon the life of the attorney-in-fact other than the payment of premiums from my funds.

13. Perform any act, deed, matter, and things with respect to my estate, property, and affairs as fully and effectively as I might if personally present and acting.

14. Also, to perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including inter alia, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents.

15. Serve as my health care representative in the event of my incapability of consenting and, to this end: (A) Select, engage, and discharge health care providers and facilities. (B) Authorize relief from pain. (C) Grant releases to health care providers and facilities. (D) Give, withdraw, or withhold consent to health care. (E) Delegate all or a part of this authority to any eligible individual who has not been disqualified.

16. Upon any terms or limitations specified: (A) Substitute another in his place as my attorney-in-fact under this instrument. (B) Remove a substitute and revoke any delegation of authority and make further substitutions and other delegations. (C) Engage and dismiss agents, counsel, or employees, and appoint and remove any successor, substitute, or agents. (D) Delegate one or more of any of the powers granted in this instrument to one or more other persons.

**DURABLE EFFECT**

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY OR BY LAPSE OF TIME. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my attorney-in-fact under this power be appointed to that office.

**APPLICABLE LAW**

This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

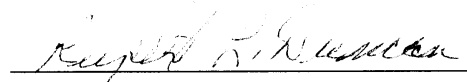
My attorney-in-fact is expressly authorized to create, revoke, or amend trusts in my name and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust or the provisions of any trust that I may establish.


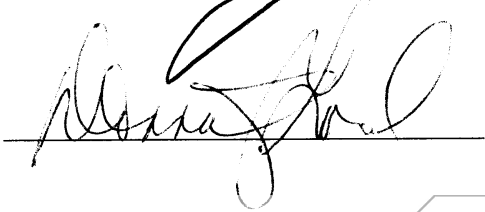
It is not my intention to grant any beneficial interests in my estate by this instrument but to grant to my attorney-in-fact mere administrative powers of managements, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except from the provision of reasonable compensation for services) not for personal benefit of my attorney-in-fact.



**I HEREBY REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY.**

IN WITNESS OF WHICH, I have signed my name this 7<sup>th</sup> day of July, 2003.

  
**RUPERT L. DUNCAN**



STATE OF INDIANA        )  
  ) SS:  
COUNTY OF LAKE        )

On this 7<sup>th</sup> day of July, 2003, before me, the undersigned, a Notary Public, personally appeared **Rupert L. Duncan** and acknowledged the execution of the foregoing Durable Power of Attorney and Appointment of Health Care Representative.

I also certify that I am of legal age and that I witnessed the appointment by the grantor, in paragraph 15, of the attorney-in-fact as the grantor's health care representative as authorized by IC 16-8-12.

WITNESS my hand and notarial seal this 7<sup>th</sup> day of July, 2003.



Christopher W. Yugo  
Notary Public

My Commission Expires: 3/27/08  
My Resident County: Lake

CHRISTOPHER W. YUGO  
Notary Public, Lake County, Indiana  
My Commission Expires March 27, 2008  
Resident of Lake County, Indiana



Prepared by Christopher W. Yugo  
Indiana Attorney Number 17624-45  
Highland, Indiana