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LIMITED POWER OF ATTORNEY TO ACT ON BEHALF OF PERSONAL REPRESENTATIVE OF THE SUPERVISED ESTATE OF LUCILLE CROSSLEY

I, Charles Crossley, of 3607 E. Simcoe Street, Lafayette LA 70501, being at least 18 years of age and mentally competent, do hereby designate, Cathy Crossley-Marler, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above named attorney-in-fact shall have the general authority with respect to the administration of the Supervised Estate of Lucille Crossley pursuant to Estate Cause No. 45C01-1508-ES-00165 which estate is currently pending in the Lake Circuit Court, Probate Division, Crown Point, Indiana. I, Charles Crossley, am the court appointed Personal Representative pursuant to the Court's Order dated September 28, 2015.

II. SPECIFIC POWERS OF ATTORNEY-IN-FACT

I, Charles Crossley, do hereby authorize and designate Cathy Crossley-Marler to act as my attorney-in-fact relative to my duties and responsibilities as Personal Representative of the Supervised Estate of Lucille Crossley, deceased who passed away on July 17, 2015 and I further authorize and confer upon Cathy Crossley-Marler the authority pursuant to Indiana Code which shall include by way of illustration and not limitation, the power:

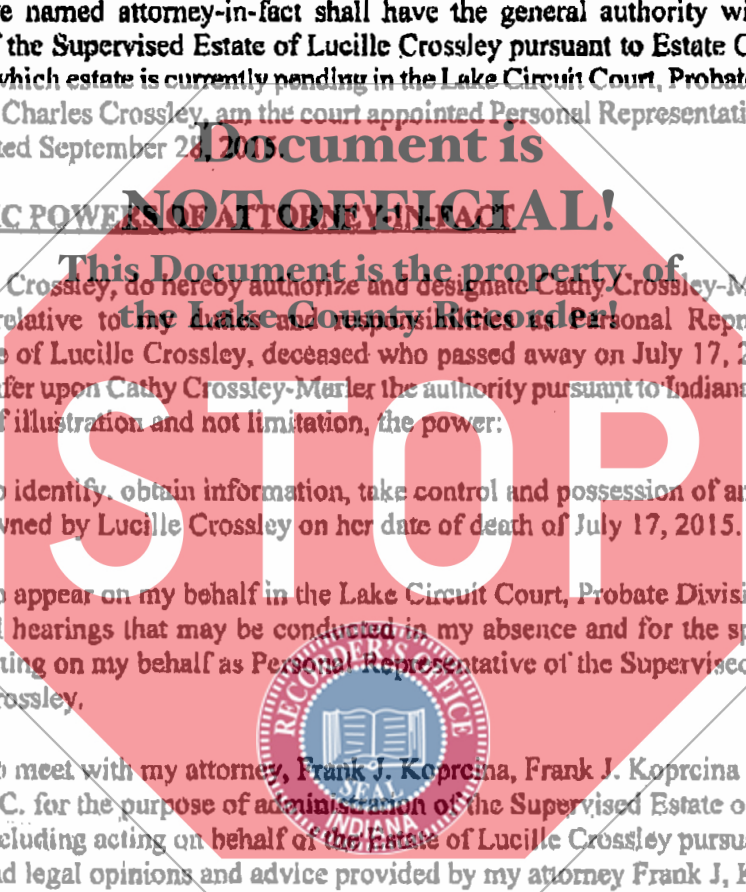
To identify, obtain information, take control and possession of any and all assets owned by Lucille Crossley on her date of death of July 17, 2015.

To appear on my behalf in the Lake Circuit Court, Probate Division for any and all hearings that may be conducted in my absence and for the specific purpose of acting on my behalf as Personal Representative of the Supervised Estate of Lucille Crossley.

To meet with my attorney, Frank J. Koprčina, Frank J. Koprčina & Associates, P.C. for the purpose of administration of the Supervised Estate of Lucille Crossley including acting on behalf of the Estate of Lucille Crossley pursuant to instructions and legal opinions and advice provided by my attorney Frank J. Koprčina, Frank J. Koprčina & Associates, P.C.

(4) To obtain any and all real estate information, documentation and tax records regarding each and every parcel of real estate titled in the name of Lucille Crossley on July 17, 2015.

(5) To demand, receive or obtain any and all bank records from all financial institutions in which Lucille Crossley had an ownership interest in any bank accounts, investments prior to and after her date of death of July 17, 2015.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 29 PM 3:25

MICHAEL B. BROWN
RECORDER

2015 073253

AMOUNT \$ 16-
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM
CLERK nd

- (6) To prosecute, defend, submit to arbitration, settle, and propose or accept a compromise with respect to any claim being pursued by the Estate of Lucille Crossley or claims filed against the Estate of Lucille Crossley.
- (7) To perform any other act with respect to the administration of the Supervised Estate of Lucille Crossley, deceased which specific duties and obligations are enumerated pursuant to Indiana Statute as the same relates to the Administration of Estates by Personal Representatives appointed therefore.

III. EFFECTIVE DATE AND TERMINATION

- A. This power of attorney shall be effective immediately.
- B. My disability or incompetence shall not affect or terminate this Limited Power of Attorney.
- C. This Power of Attorney shall remain in full force and effect and shall terminate when I have executed a proper revocation of this Limited Power of Attorney and recorded such instrument in the Office of the Recorder of Lake County, Indiana and further have filed said revocation with the Clerk of Lake Circuit Court, Probate Division pursuant to Cause No. 45C01-1508-ES-00165.

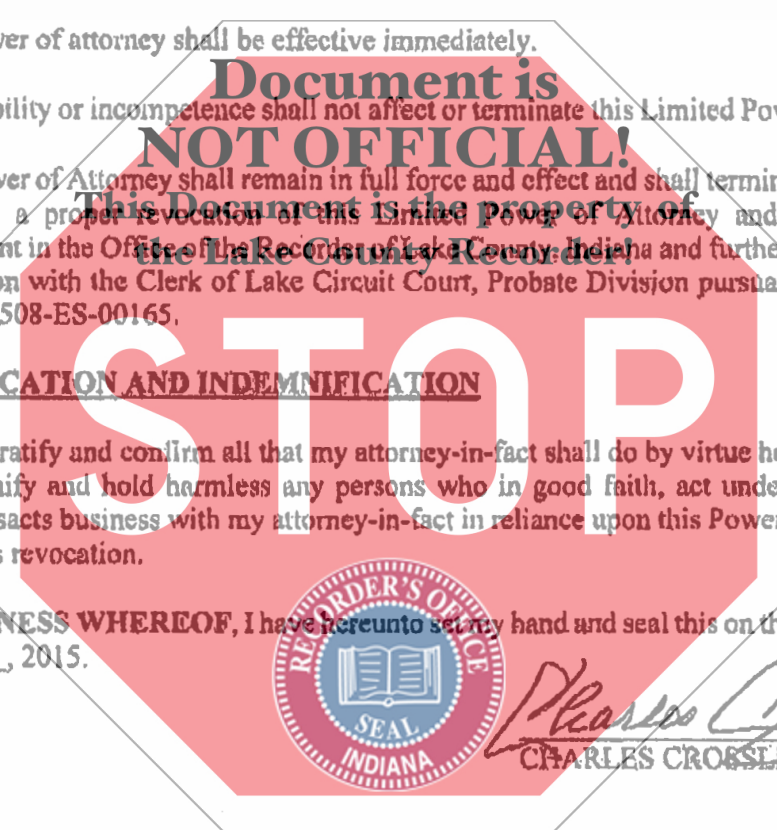
IV. RATIFICATION AND INDEMNIFICATION

I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I agree to indemnify and hold harmless any persons who in good faith, act under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this on the 29th day of Oct, 2015.



Charles Crossley
CHARLES CROSSLEY



STATE OF LOUISIANA)
) SS:
COUNTY OF Lafayette)

Before me, a Notary Public in and for said County and State, personally appeared **CHARLES CROSSLEY** who acknowledged the execution of the foregoing **Limited Power of Attorney**, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial Seal, this 29 day of Oct., 2015.

Commission Expires: upon death
County of Residence: Lafayette

Linda O. Terry
Notary Public (written)

Linda O. Terry
Notary Public (printed)

