

8

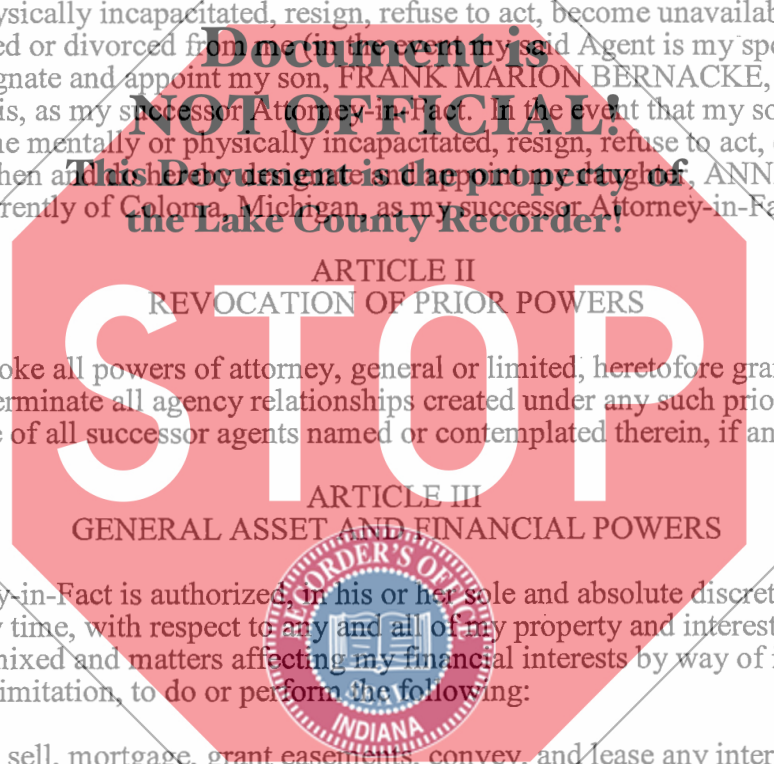
GENERAL DURABLE POWER OF ATTORNEY
OF
FRANK M. BERNACKE, JR.

ARTICLE I
DESIGNATION OF AGENT

I, FRANK M. BERNACKE, JR., currently of 954 Westminster Lane, Munster, Indiana 46321, being a mentally and competent adult, do hereby designate and appoint my wife ANNETTE M. BERNACKE, currently of 954 Westminster Lane, Munster, Indiana 46321, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, and personal decisions for me in my name, place, and stead as authorized in this document.

2016 09 02 03

If my Attorney-in-Fact as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act, become unavailable, or become legally separated or divorced from me (in the event my said Agent is my spouse), I then and do hereby designate and appoint my son, FRANK MARION BERNACKE, III, currently of Chicago, Illinois, as my successor Attorney-in-Fact. In the event that my son, Frank, should also die, become mentally or physically incapacitated, resign, refuse to act, or become unavailable, I then and do hereby designate and appoint my daughter, ANNE MARIE KRIEGER, currently of Coloma, Michigan, as my successor Attorney-in-Fact.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JAN 19 PM 5:50
RECORDER
MARGARET B. BROWN

ARTICLE II
REVOCATION OF PRIOR POWERS

I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

ARTICLE III
GENERAL ASSET AND FINANCIAL POWERS

My Attorney-in-Fact is authorized, in his or her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal, and mixed and matters affecting my financial interests by way of illustration and not intending any limitation, to do or perform the following:

1. Purchase, sell, mortgage, grant easements, convey, and lease any interest in real estate, wherever located, of which I may be the owner or have an ownership interest, now or hereafter; and perform all activities granted under IC §30-5-2.
2. Bargain for, contract concerning, buy, sell, encumber, and in any way and manner deal with my personal property for my support and the support of those persons to whom I owe an obligation of support; and perform all activities granted under IC §30-5-3.
3. Purchase, sell, dispose of, assign, and pledge notes, stocks, bonds, and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds, and securities may entitle me, either in person or by proxy, and perform all activities granted under IC §30-5-4.
4. To make contributions, including rollover contributions, or cause contributions to be made on my behalf to any retirement plan; to establish one or more individual retirement accounts in my name; to elect a form of payment of benefits from a retirement plan and withdraw benefits from a retirement plan; to exercise investment powers available under a retirement plan; to designate at least one (1) beneficiary or contingent beneficiary for any benefits payable under a retirement plan and to change any earlier designation of beneficiary;

26c
CASH
DON
NOT

to borrow from, sell assets to, and purchase assets from the retirement plan if authorized by the retirement plan; and to waive the right of the principal to be a beneficiary of a joint or survivor annuity; and to perform all actions granted under IC § 30-5-5-4.5.

5. Make, draw, and endorse promissory notes, checks, bills of exchange, or other negotiable instruments to which I may be entitled under the Uniform Commercial Code and to exercise any right with regard to the same including the right to waive demand, presentment, protest, notice of protest, and notice of nonpayment of all such instruments as well as the right to make deposits to and withdrawals from and to invest, reinvest, or renew any of my deposited checking, savings, certificate of deposits, or other accounts of whatever nature or wherever retained or deposited; to establish new or close out existing accounts of any nature pertaining to my funds and money; to utilize and expend any of my money from any such accounts, or if necessary to utilize my assets in the event my liquid funds are depleted or not readily available, for the payment of my just and lawful debts and bills, including the right to utilize my credit cards and charge accounts, in a manner that will best serve my financial interests according to the sole and absolute discretion of my said Attorney-in-Fact; to enter any lock box or safe deposit box in my name, and perform all banking activities granted under IC §30-5-5-5.

6. Discharge and perform any duty or liability, right, power, or privilege that the principal has under a partnership agreement; or take any action with regard to a sole proprietorship owned by the principal, and perform all actions granted under IC §30-5-5-6.

7. Purchase, maintain, surrender, collect, or cancel: (a) life insurance or annuities of any kind on my life or the life of any one in whom I have an insurable interest; (b) liability insurance protecting me and my estate against third party claims; (c) hospital insurance, medical insurance, Medicare supplement insurance, custodial care insurance, and disability income insurance for me or any of my dependents; and (d) casualty insurance insuring assets of mine against loss or damage due to fire, theft, or other commonly insured risk; to pay all insurance premiums, to select any options under such policies, to increase coverage under any such policy, to borrow against any such policy, to pursue all insurance claims on my behalf, to adjust insurance losses, and the foregoing powers shall apply to private and public plans, including but not limited to Medicare, Medicaid, SSI, and Worker's Compensation; and perform all activities granted under IC §30-5-5-7.

8. Create transfer on death transfers and payable on death transfers regarding the principal's assets, including designating, amending, removing, modifying or changing any designation of beneficiary, terminating any transfer on death transfer or payable on death transfer, including adding to or withdrawing from such an account, and any other activities in accordance with the provision of IC §30-5-5-7.5.

9. Represent and act for the principal in all matters affecting a trust, a probate, an estate, a guardianship, a custodianship, an escrow, or other fund out of which the principal is entitled or claims to be entitled as a beneficiary, and perform all activities granted under IC §30-5-5-8.

10. Make gifts to organizations and individuals on behalf of the principal and perform any other activities in accord with the provisions of IC §30-5-5-9.

11. Represent and act for the principal in all ways and in all matters affecting a fund in which the principal is a fiduciary and apply for and procure in the name of the principal letters of administration, letters testamentary, letters of guardianship, or any other type of judicial or administrative authority to act as a fiduciary; and perform all activities granted under IC §30-5-5-10.

12. Institute, supervise, prosecute, defend, represent me in, intervene in, abandon, compromise, arbitrate, settle, dismiss, and appeal from any and all legal, equitable, judicial, or administrative hearings, actions; suits, proceedings, attachments, arrests, decedent, or

guardianship estate matters, for the protection of my personal or financial interests involving me in any way, including, but not limited to, matters or proceedings with respect to claims by or against me arising out of property damages or personal injuries suffered or caused by me or under such circumstances that the loss resulting therefrom will or may be imposed on me and otherwise engage in litigation involving me, my property, or any interest of mine, including any property or interest or person for which or whom I have or may have any responsibility; and perform all activities granted under IC §30-5-5-11.

13. Perform acts necessary for maintaining the customary standard of living of the principal's spouse, children, and other persons customarily supported by the principal; and perform all activities granted under IC §30-5-5-12.

14. Execute vouchers in the name of the principal for allowances and reimbursements payable by the United States, a state, or a subdivision of a state to the principal; and perform all actions granted under IC §30-5-5-13.

15. Keep records, hire and discharge accountants and attorneys, represent the principal in all matters of taxation involving the federal government, the government of any state or any local governmental unit, and to prepare, sign and file any documents or forms that may be required in any such tax matters, including my state and Federal Income Tax Returns, and to receive and respond to any correspondence from these taxing agencies; and perform all actions granted under IC §30-5-5-14.

16. Accept, renounce, or claim a legacy, bequest, devise, gift, or other property on behalf of the principal; establish a revocable trust for the benefit of the principal; and perform all actions granted under IC §30-5-5-15.

17. Employ or contract with all types of health care providers on the principal's behalf; consent to or refuse health care for the principal in accordance with IC §§16-8-11-1 et seq. and 16-8-12-1 et seq.; and perform all actions granted under IC §§30-5-5-16 and 30-5-5-17.

18. To delegate authority to one (1) or more persons of any or all powers given my Attorney-in-Fact in accord with the provisions of IC §30-5-5-18.

19. To act as an alter ego of the principal with respect to all possible matters and affairs affecting the property owned by the principal that the principal can perform through an Attorney-in-Fact in accord with the provisions of IC §30-5-5-19.

All the powers granted an Attorney-in-Fact under IC §§30-5-5-2 to 30-5-5-19 are granted to ANNETTE M. BERNACKE, my Attorney-in-Fact, or her successor under this document.

ARTICLE IV PERSONAL CARE POWERS

With respect to the control and management of my person, my Attorney-in-Fact, in his or her sole and absolute discretion from time to time at any time, is authorized to:

1. Do all acts necessary for maintaining my customary standard of living; to provide living quarters by purchase, lease, or other arrangement, or by payment of the operating costs of my existing living quarters, including interest, amortization payments, repairs, and taxes; to provide normal domestic help for the operation of my household; to provide clothing, transportation, medicine, food, and incidentals; and, if necessary, to make all necessary arrangements, contractual or otherwise, for me at any hospital, hospice, nursing home, convalescent home, or similar establishment, or in my own residence should I desire it and to assure that all of my essential needs are provided for at such a facility or in my own residence, as the case may be; and if in the judgment of my Attorney-in-Fact I will never be able to return to my living quarters from a hospital, hospice, nursing home, convalescent home, or

similar establishment, to lease, sublease, or assign my interest as lessee in any lease or protect or sell or otherwise dispose of my living quarters (investing the proceeds of any such sale as my Attorney-in-Fact deems appropriate) for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate; and to store and safeguard or sell for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate, or otherwise dispose of any items of tangible personal property remaining in my living quarters which my Attorney-in-Fact believes I will never need again (and pay all costs thereof); and as an alternative to such storage and safeguarding, to transfer custody and possession (but not title) for such storage and safekeeping of any such tangible personal property of mine to the person, if any, named in my will as the recipient of such property;

2. Provide opportunities for me to engage in recreational and sports activities, including travel, as my health permits;

3. Provide for the presence and involvement of religious clergy or spiritual leaders in my care, provide them access to me at all times, maintain my memberships in religious or spiritual organizations or arrange for membership in such groups, and enhance my opportunities to derive comfort and spiritual satisfaction from such activities, including religious books, tapes, and other materials, all in the same or similar manner to which I have been accustomed or as determined by my Attorney-in-Fact to be appropriate;

4. Provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself; and

5. Make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Attorney-in-Fact shall deem appropriate, including the right to establish a prepaid irrevocable funeral trust that will qualify as an "exempt resource" for Medicaid purposes if I have not previously done so or made any advance funeral arrangements myself.

I wish to live and enjoy life as long as possible. However, I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my Attorney-in-Fact, as my health care representative believes the burdens of the treatment outweigh the benefits. I want my health care representative to consider the relief of suffering, the expense involved, and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment. This notwithstanding I especially do not want my life to be prolonged, and I do not want life-sustaining or artificial life support treatment if:

(i) I ever have a condition that is incurable or irreversible and, without the administration of life-sustaining treatment, is expected to result in death within a relative short period of time; or

(ii) I am ever in a coma or persistent vegetative state which is reasonably concluded to be irreversible.

With respect to nutrition and hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins, I wish to make it clear that I intend to include these procedures among the life-sustaining procedures that may be withheld or withdrawn under the above conditions.

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such care is or would be excessively burdensome, then my health care representative may express my will that such

health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

IT IS TO BE UNDERSTOOD THAT AS LONG AS I REMAIN CAPABLE OF CONSENTING TO MY OWN HEALTH CARE, I MAY AT ANY TIME (i) REVOKE THE APPOINTMENT OF MY HEALTH CARE REPRESENTATIVE BY NOTIFYING MY SAID HEALTH CARE REPRESENTATIVE ORALLY OR IN WRITING, OR (ii) REVOKE THE AUTHORITY GRANTED UNDER THIS DOCUMENT TO MY HEALTH CARE REPRESENTATIVE BY NOTIFYING THE HEALTH CARE PROVIDER ORALLY OR IN WRITING. PROVIDED I DO NOT MAKE ANY SUCH REVOCATION AT ANY TIME, THE APPOINTMENT OF MY HEALTH CARE REPRESENTATIVE OR THE AUTHORITY GRANTED TO MY HEALTH CARE REPRESENTATIVE HEREUNDER SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCOMPETENCE, OR LAPSE OF TIME.

Document is NOT OFFICIAL!

THIS APPOINTMENT OF A HEALTH CARE REPRESENTATIVE IS NOT TO BE CONSIDERED A CONTRADICTION OF ANY LIVING WILL I MAY EXECUTE, WHETHER SIMULTANEOUSLY HEREWITH, PREVIOUSLY, OR HEREAFTER. MY LIVING WILL SHALL BE CONSIDERED AN EXPRESSION OF MY INTENTION, AND SHALL TAKE PRECEDENCE OVER MY HEALTH CARE REPRESENTATIVE'S ACTION IN CONSENTING OR WITHHOLDING OR WITHDRAWING CONSENT TO LIFE SUSTAINING OR PROLONGING PROCEDURES. MY LIVING WILL DECLARATION SHALL TAKE PRECEDENCE AND PRIORITY OVER THE DECISIONS OF MY DESIGNATED HEALTH CARE REPRESENTATIVE.

ARTICLE V
SPECIFIC AUTHORITY TO REPRESENT PRINCIPAL
WITH INTERNAL REVENUE SERVICE

I grant to my acting Power of Attorney the rights granted under the IRS Power of Attorney and Declaration Representative Form 2848 to have access to all of my files and records with the Internal Revenue Service Department, to secure copies of all prior income tax returns filed by me as well as gift tax returns and corporate tax returns filed by me. In addition, in the event that I am incapacitated, my acting Power of Attorney shall have the authority to sign all tax returns required on my behalf. My Power of Attorney is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters, which would include the authority to sign any agreements, consent, or other documents. In addition, I grant my Power of Attorney the right to receive refund checks, the power to sign returns and the power to execute a request for disclosure of tax returns or return information.

ARTICLE VI
PROVISION APPLICABLE TO ARTICLE III AND ARTICLE IV

With respect to Article III (general asset and financial powers) and Article IV (authority to represent me with Internal Revenue Service), it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

FURTHERMORE, THIS POWER OF ATTORNEY AND THE AUTHORITY I HAVE CONFERRED AND SPECIFIED UNDER ARTICLE III AND ARTICLE IV ABOVE SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS I MAY HEREINAFTER REVOKE THE SAME IN WRITING, PROVIDED FURTHER THAT THE SAME SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCOMPETENCE, OR LAPSE OF TIME.

ARTICLE VII
THIRD PARTY RELIANCE

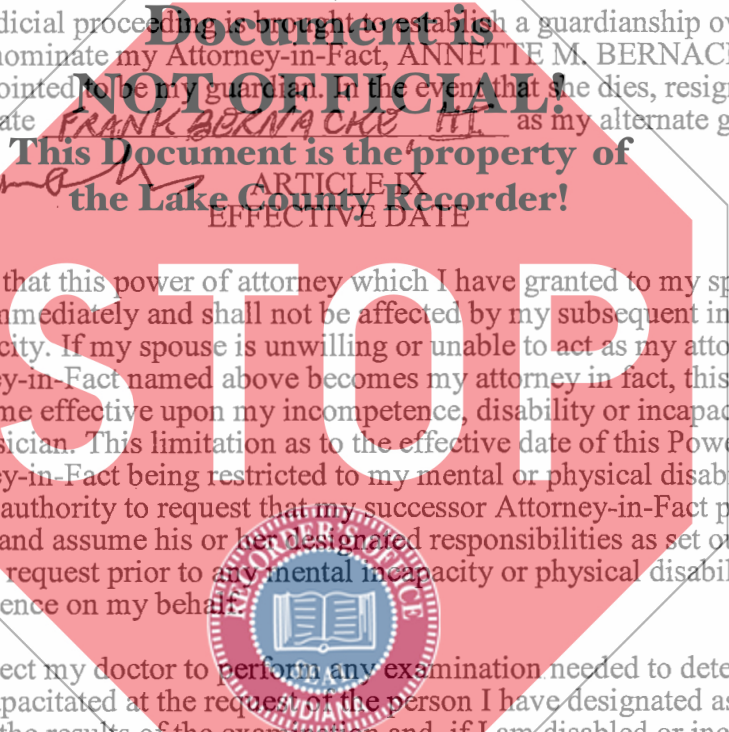
No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs, or assigns for recognizing such representations or authority.

ARTICLE VIII
NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, ANNETTE M. BERNACKE, hereinabove designated and appointed to be my guardian. In the event that she dies, resigns, or is unable to serve, then I nominate FRANK BERNACKE III as my alternate guardian.

JMB

Bernacke



I hereby declare that this power of attorney which I have granted to my spouse shall become effective immediately and shall not be affected by my subsequent incompetence, disability or incapacity. If my spouse is unwilling or unable to act as my attorney in fact, and a successor Attorney-in-Fact named above becomes my attorney in fact, this power of attorney shall become effective upon my incompetence, disability or incapacity, as certified by my treating physician. This limitation as to the effective date of this Power of Attorney for a successor Attorney-in-Fact being restricted to my mental or physical disability, does not restrict or limit my authority to request that my successor Attorney-in-Fact proceed under this Power of Attorney and assume his or her designated responsibilities as set out in this document upon my request prior to any mental incapacity or physical disability, but rather as a matter of convenience on my behalf.

I specifically direct my doctor to perform any examination needed to determine whether I am disabled or incapacitated at the request of the person I have designated as my Attorney-in-Fact and to deliver the results of the examination and, if I am disabled or incapacitated, the certificate stating that I am unable to manage my affairs to the person I have designated as my Attorney-in-Fact. For purposes of determining my disability or incapacity, I designate the person named as my Attorney-in-Fact as my personal representative regarding my "protected health" information (PHI), as provided in 45 C.F.R. 164.502(g)(2), who is to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records including any information governed by the Health Insurance Portability and Accountability Act of 1996 as amended.

ARTICLE X
HEALTH CARE POWERS AND HIPAA AUTHORIZATION

This provision clarifies the authority with respect to health care powers and religious tenets under Indiana Code §30-5-5-16. In addition, my attorney in fact is authorized to complete any HIPAA compliant authorization required for release of protected health information, and any health care provider, including but not limited to physicians, medical facilities, laboratories, hospitals, nursing homes or any long term care facility, clinics, psychologists, psychiatrists and any related psychological or psychiatric testing or treating facility or hospital who

receives such an authorization for release of information may rely on this authorization to disclose whatever protected health information may be requested by my attorney in fact, including but not limited to information regarding my physical, mental or behavioral care and treatment, laboratory results including testing for dangerous communicable disease such as HIV and AIDS virus, x-rays or other imaging studies, other diagnostic test reports and any other information as may be requested by my attorney in fact. My attorney in fact may use and disclose such protected health information for any stated reason related to my care, including but not limited to evaluation of my competence, arranging for the provision of medical or psychiatric care, medication and prescriptions, insurance issues, evaluation of my care, litigation on my behalf, arranging for my care and custody, and referral requests. I understand that this authorization is revocable at any time and that my revocation must be in writing and sent to my health care providers named herein and that any revocation will not apply to any information that has already been released in response to this authorization. Provided however, that my disability, incompetence or incapacity shall not revoke this HIPAA authorization. Further, I understand and intend that this HIPAA authorization shall also be revoked in the event of my revocation of this power of attorney.

Document is
ARTICLE XI
MISCELLANEOUS PROVISIONS
NOT OFFICIAL!

**This Document is the property of
the Lake County Recorder.**

1. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.

2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.

3. My Attorney-in-Fact, including his or her heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, is hereby released and forever discharged from any and all liability (including civil, criminal, administrative, or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as any original.

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

6. This instrument and actions taken by my Attorney-in-Fact properly authorized hereunder shall be binding upon me, my heirs, successors, assigns, legatees, guardians, and personal representatives.

