

II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: (Select appropriate provision)

- as of the date it is signed
- as of the _____ day of _____, 20____
- upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.

C. This Power of Attorney shall terminate: (select appropriate provision)

- upon my incapacity
- upon the _____ day of _____, 20____
- upon the execution and recording with the Recorder's Office of any written revocation hereof.

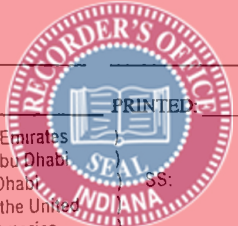


III. RATIFICATION AND IDENTIFICATION

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

IN WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) this 14th day of December, 2015.

 PRINTED: CAROLINE FERNANDEZ UNITED ARAB EMIRATES
 STATE OF ~~INDIANA~~) Emirate of Abu Dhabi
 COUNTY OF LAKE) City of Abu Dhabi SS:
) Embassy of the United States of America



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

Suk Fong Stradford WITNESS my hand and NOTARIAL seal, this 14 DEC 2015 day of _____, 20____
 Consular Associate Notary Public *[Signature]*
 United States of America My Commission expires: INDEFINITELY My County of Residence: Abu Dhabi

This instrument was prepared by Caroline Fernandez United Arab Emirates

Handwritten note:
 Mail To Caroline Fernandez
 c/o Ruth Mavronides
 2166 45th St.
 Highland IN
 46322

"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." Dawn Stanley

[Signature]

