General Hower of Attorney

I, LISA A. KLAZURA of 125 North Colorado, Hobart, Lake County, State of Indiana, hereby appoint Barbara J. Cole of 9316 West 1160 North, DeMotte, Indiana, as my Attorney in Fact.

Upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently, then this Power of Attorney shall become effective and my Attorney-in-Fact is authorized to proceed hereunder. My disability or incapacity fer this purpose may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. For purposes of determining my disability or in capacity, I deternate the person named as my Attorney-in-Fact as my personal representative regarding my "protected health" information (PHI), as provided in 45C.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 individual identifiable health information or other medical records including any information governed by the Health Insurance Portability and Accountability Act of 1996 as amended.

My Attorney in Fact shall exercise the powers granted hereunder in a fiduciary capacity with due care and in good faith. Subject to the above successor provision, the person who is acting as my Attorney in Fact from time to time can name a successor Attorney in Fact for me. A successor Attorney in Fact shall have all of the powers herein granted to my initial Attorney in Fact. I here by horning the persons who is serving as my Attorney in Fact as my guardian in the event that it is necessary to appoint a guardian for me. My Attorney in Fact shall have the power:

- 1. To take all action with respect to my property and affairs as I could take as fully and with the same effect as if I were competent and acting on my own behalf subject only to the limitations herein contained.
- 2. To acquire, own, manage, lease, mortgage, sell and otherwise deal with real estate and to have general authority with respect to real estate transactions as provided in IC 30-5-5-2.
- 3. To acquire, own, manage, sell and otherwise deal with tangible personal property and to have general authority with respect to tangible personal property transactions as provided in IC 30-5-5-3.
- 4. To acquire, own, vote, participate in reorganizations, pledge, sell and otherwise deal with securities and to have general authority with respect to bond, share and commodity transactions as provided in IC 30-5-5-4.

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I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

Allean a. Bosenbaum

In In

- 5. To maintain bank accounts, to sign checks and notes and to enter my safe deposit box and control the contents thereof and to have general authority with respect to banking transactions as provided in IC 30-5-5.
- 6. To manage, sell and otherwise deal with any proprietorship or partnership in which I have an interest and to have general authority with respect to business operating transactions as provided in IC 30-5-5-6.
- 7. To acquire, pay premiums, borrow or otherwise deal with insurance and to have general authority with respect to insurance transactions as provided in IC 30-5-5-7 without the limitations contained in IC 30-5-5-0 except as modified in paragraph 9 hereof.
- 8. To exercise all of the rights that I may have as a beneficiary with respect to an estate, trust or other fund and to have general authority with respect to beneficiary transactions as provided in IC 30-5-5-8.
- 9. In the event I become mentally incapacitated, to make gifts of my property and to have general authority with respect to gift transactions as provided in IC 30-5-5-9 except that the \$10,000 limit on gifts to my Attorney in Fact and his or her dependents shall not apply and gifts to members of my family may be made if they are in the best interests of the recipients so long as such gifts. (a) are not adverse to my best interests; and (b) are made to or for the benefit of my spouse or my descendants per stirpes.
- 10. To take such action as is reasonable or necessary to wind up any matters in which I am acting as fiduciary in the event of my death or incapacity as provided in IC 30-5-5-10.
- 11. To exercise all of my legal rights with respect to any matter in which I may have legal rights or legal obligations and to have general authority with respect to claims and litigation as provided in IC 30-5-5-11.
- 12. To provide for the care, support, and education of members of my family and to have general authority with respect to family maintenance as provided in IC 30-5-5-12.
- 13. To exercise my military service benefit rights, if any, and to have general authority with respect to benefits from military serve as provided in IC 30-5-5-13.
- 14. To maintain records of my property and affairs, to file tax returns on my behalf, to have access to my confidential tax records and to have full power and authority with respect to records, reports, and statements as provided in IC 30-5-5-14.
- 15. In the event I become mentally incapacitated, to exercise all powers with respect to estate and trusts that I can exercise including the power to disclaim interests that I would otherwise be entitled to receive and to have general authority with respect to estate

transactions as provided in IC 30-5-5-15 with the additional power to create and fund trusts for the benefit of members of my family so long as the trust interest so created: (a) are not adverse to my best interests; and (b) are made for the benefit of my spouse and/or my descendants per stirpes.

This General Power of Attorney ("GPA") shall remain in effect until my death or earlier delivery of a written revocation of this GPA to the person serving as my Attorney in Fact hereunder and, if this GPA is recorded such revocation shall reference the recorded GPA and shall be recorded in each county where this GPA has been recorded.

The references herein to sections of the Indiana Power of Attorney Act, IC 30-5, shall be deemed to be references to the comparable provisions of any amended or successor statute if such Act is amended or replaced.

Dated this 2	day of	, 20 <u>14</u> .	
	T	Y 1111	<i></i>
- 	Signature: Printed:	Lisa A. Klazura	
affirm, under the penalties that I have taken reasonab redact each social security this document, unless requ	le care to Address:	ment is 123 North/Colorado Hobart, IN 46342 is the property of	
Name		inty Recorder!	
STATE OF INDIAN	(A)		
COUNTY OF LAK			many the second
Be <u>fore</u> me the	undersigned, a Notary Pu	blic, in and for said Cou	nty and State, this
day of July	, 2019, personally ap	opeared Lisa A.Klazura	and acknowledged the
executing of the abov	e General Power of Attor	ney.	
In Witness Whe	reof, I have hereunto subs	eribed my name and affi	xed my official seal.
My Commission Exp	11 1- 13	(Celina	P Volk
		Exprinted: Deb/ra	L. VOLC
County of Residence:	tocter	MANAGE	Notary Public

This Instrument Prepared By: Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, Indiana 46375. (219) 322-1271. Facsimile (219) 322-5279