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**POWER OF ATTORNEY  
OF  
BARBARA L. STRICKHORN**

**THIS IS TO CERTIFY THAT  
THIS IS A TRUE AND  
EXACT COPY OF THE  
ORIGINAL INSTRUMENT**

**2016 058804**

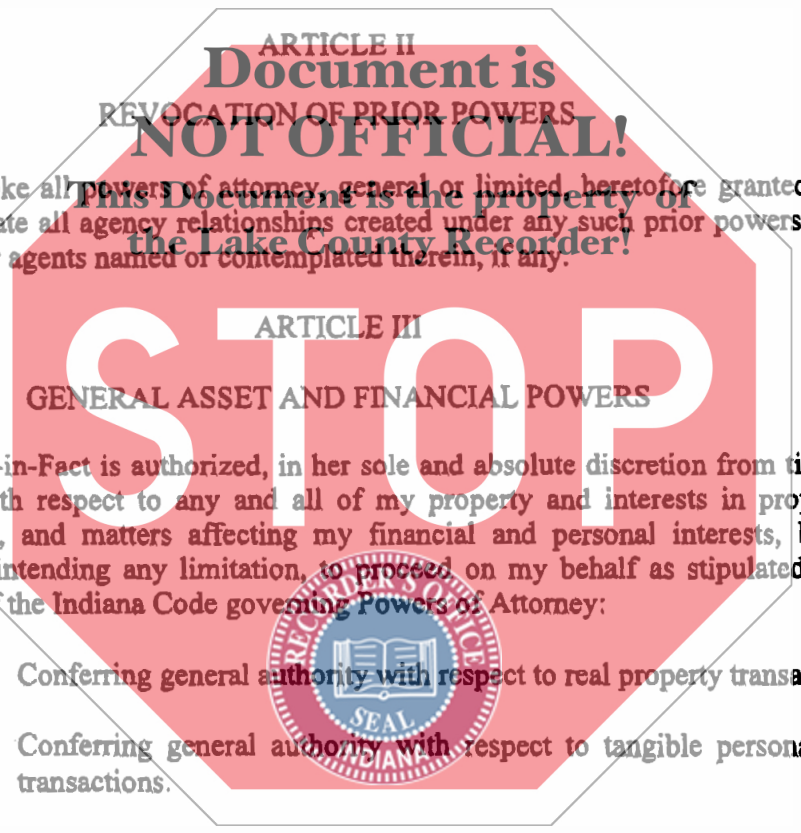
**ARTICLE I  
DESIGNATION OF AGENT**

I, BARBARA L. STRICKHORN, of Jasper County, State of Indiana, being a mentally competent adult, do hereby designate and appoint, NANCY C. DOYLE AND/OR HEATHER CAREY of Jasper County, State of Indiana, 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 by this document.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 AUG 29 AM 11:42

MICHAEL B. BROWN  
RECORDER



**ARTICLE II  
REVOCATION OF PRIOR POWERS**  
**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

I hereby revoke all powers of attorney, general or limited, heretofore granted by me 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 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 and personal interests, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated under the following sections of the Indiana Code governing Powers of Attorney:

- IC § 30-5-5-2      Conferring general authority with respect to real property transactions.
- IC § 30-5-5-3      Conferring general authority with respect to tangible personal property transactions.
- IC § 30-5-5-4      Conferring general authority with respect to bond, share and commodity transactions.
- IC § 30-5-5-5      Conferring general authority with respect to banking transactions.

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*AS NET*

*han com*  
*16-5693M*

**Northwest Indiana  
Title Services, Inc.**  
101 E. 90th Drive Suite C  
Merrillville, IN 46410

- IC § 30-5-5-6      ~~Conferring general authority with respect to business operating transactions.~~
- IC § 30-5-5-7      ~~Conferring general authority with respect to insurance transactions.~~
- IC § 30-5-5-8      ~~Conferring general authority with respect to beneficiary transactions.~~
- IC § 30-5-5-9      ~~Conferring general authority with respect to gift transactions.~~
- IC § 30-5-5-10     ~~Conferring general authority with respect to fiduciary transactions.~~
- IC § 30-5-5-11     ~~Conferring general authority with respect to claims and litigation.~~
- IC § 30-5-5-12     ~~Conferring general authority with respect to family maintenance.~~
- IC § 30-5-5-13     ~~Conferring general authority with respect to benefits from military service.~~
- IC § 30-5-5-14     ~~Conferring general authority with respect to records, reports, and statements.~~
- IC § 30-5-5-15     ~~Conferring general authority with respect to estate transactions.~~
- IC § 30-5-5-16     ~~Conferring general authority with respect to health care powers.~~
- IC § 30-5-5-17     ~~Conferring general authority with respect to withdrawing or withholding of medical treatment on behalf of the principal.~~
- IC § 30-5-5-18     ~~Conferring general authority with respect to delegating authority.~~
- IC § 30-5-5-19     ~~Conferring general authority with respect to all other matters.~~



I hereby incorporate by reference all the powers granted an Attorney-in-Fact under Indiana Code Sections 30-5-5-2 through 30-5-5-19 and grant these powers to NANCY C. DOYLE AND/OR HEATHER CAREY under this document.

With respect to Article III (general asset and financial powers), 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 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 V

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 VI

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, NANCY C. DOYLE AND/OR HEATHER CAREY, hereinabove designated and appointed, to be my guardian.

ARTICLE VII

Document is  
EFFECTIVE DATE

**NOT OFFICIAL!**

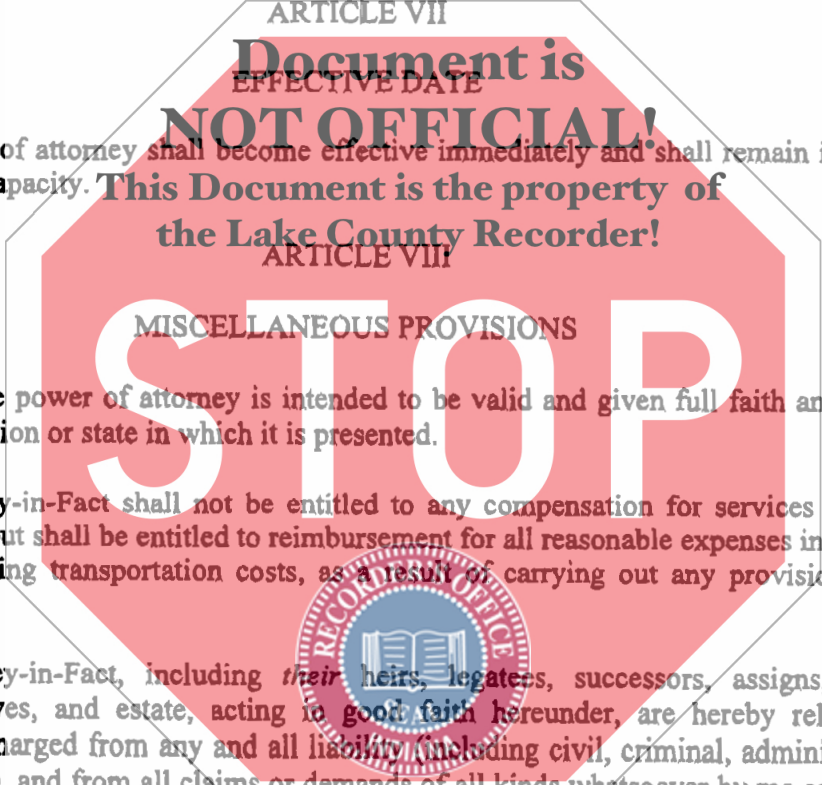
This power of attorney shall become effective immediately and shall remain in effect in the event of my incapacity. This Document is the property of

the Lake County Recorder!

ARTICLE VII

MISCELLANEOUS PROVISIONS

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 their heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are 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 *they* 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 in any way affecting the remaining parts or provisions of this instrument.
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.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 23rd day of April, 2015.

*Barbara L. Strickhorn*  
 BARBARA L. STRICKHORN

STATE OF INDIANA )  
 ) SS:  
 COUNTY OF NEWTON )



Before me, the undersigned, a Notary Public in and for said County and State, personally appeared: BARBARA L. STRICKHORN, who acknowledged the execution of the foregoing General Durable Power of Attorney this 23rd day of April, 2015.

WITNESS my hand and notarial seal.

*Catherine E. Hamer*  
 Catherine E. Hamer, Notary Public

My Commission Expires: 10/16/2021  
 County of Newton

This instrument prepared by: Daniel C. Blaney, BLANEY & WALTON, 124 East State Street, P.O. Box 500, Morocco, Indiana 47963. Tel: (219) 285-2008, Atty. No.: 2772-98

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.

*Kim Schultz*  
 KIM SCHULTZ