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DURABLE GENERAL POWER OF ATTORNEY

OF

GEORGE SHINGLE

TO

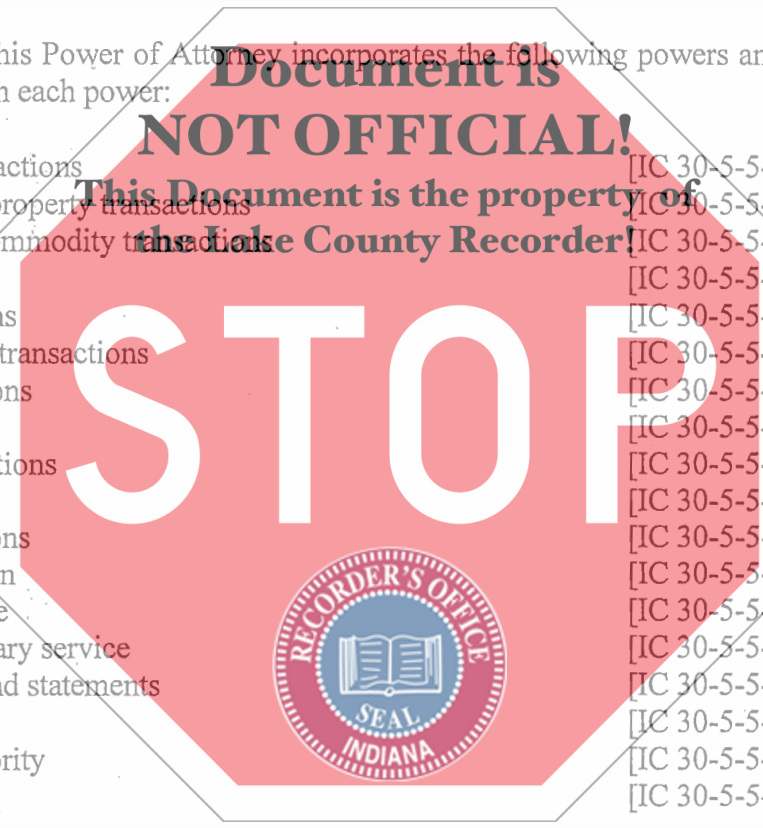
L. de
DONNA BREMER

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

I, GEORGE SHINGLE, as principal, designate and name DONNA BREMER to be my attorney in fact, under Indiana Code 30-5, as it may be amended or replaced (the "Statute").

A. Powers. This Power of Attorney incorporates the following powers and confers general authority to the Attorney in Fact upon each power:

- Real property transactions [IC 30-5-5-2]
- Tangible personal property transactions [IC 30-5-5-3]
- Bond, share, and commodity transactions [IC 30-5-5-4]
- Retirement Plans [IC 30-5-5-4.5]
- Banking transactions [IC 30-5-5-5]
- Business operating transactions [IC 30-5-5-6]
- Insurance transactions [IC 30-5-5-7]
- Transfer on Death [IC 30-5-5-7.5]
- Beneficiary transactions [IC 30-5-5-8]
- Gift transactions [IC 30-5-5-9]
- Fiduciary transactions [IC 30-5-5-10]
- Claims and litigation [IC 30-5-5-11]
- Family maintenance [IC 30-5-5-12]
- Benefits from military service [IC 30-5-5-13]
- Records, reports, and statements [IC 30-5-5-14]
- Estate transactions [IC 30-5-5-15]
- Delegation of authority [IC 30-5-5-18]
- All other matters [IC 30-5-5-19]



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MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney in fact deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. Reservation of Power to Act and to Revoke. I reserve unto myself the power to act on my own behalf and to revoke or amend this Power of Attorney.

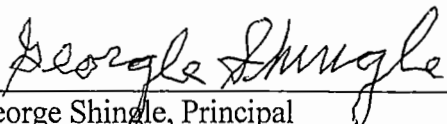
C. Liability of Attorney in Fact. My attorney in fact is liable only if my attorney in fact acts in bad faith.

16-5789M
 Northwest Indiana
 Title Services, Inc.
 101 E. 90th Drive Suite C \$14.00
 Merrillville, IN 46410
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D. **Duration of Power of Attorney.** This Power of Attorney is not terminated by my incapacity.

E. **Binding Effect.** Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 29th day of May, 2014.



George Shingle, Principal
321 Holton Ridge
Crown Point, IN 46307

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Document is NOT OFFICIAL!

Before me the undersigned, ~~This Document is the property of the Lake County Recorder!~~ Notary Public in and for said County of State, personally appeared the Principal named above and acknowledged the execution of this instrument this 29th day of May, 2014.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.





Notary Public

I affirm that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.





Notary Public

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Crown Point, IN 46307; Atty. I.D. No. 1651-45

FILED IN REC'D 5/30/14