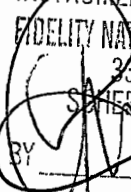


THIS IS TO CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL INSTRUMENT.

FIDELITY NATIONAL TITLE INSURANCE COMPANY
334 EAST US ROUTE 30
SPENCERVILLE, INDIANA 46375

4 BY 

POWER OF ATTORNEY
OF
FRANCES E. WAITE

2017 008031

ARTICLE I
DESIGNATION OF AGENT

I, Frances E. Waite, residing at 918 Lake George Drive, Hobart, Lake County, Indiana, 46342, being a mentally competent adult, do hereby designate and appoint my son, Jeffrey Waite, residing in Lake County, State of Indiana, as my true and lawful Attorney-in-Fact and Health Care Representative, 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.

If my Attorney-in-Fact and Health Care Representative as hereinabove designated and appointed should die, become mentally and physically incapacitated, resign, refuse to act, or become unavailable, I then and do hereby designate and appoint my sons, Michael Waite (residing in the State of Delaware) and Timothy Waite (residing in the State of Arizona) as my successor Attorney-in-Fact and Health Care Representative(s).

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
2017-6 AM 10:33
MORTGAGE B. BROWN
RECORDER

ARTICLE II
REVOCAION 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 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 30-5-5-4.5 Conferring general authority with respect to retirement plans.
- IC 30-5-5-5 Conferring general authority with respect to banking transactions.
- 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.

FIDELITY NATIONAL
TITLE COMPANY
92010-2925



Handwritten signature/initials

- IC 30-5-5-10 Conferring general authority with respect 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.

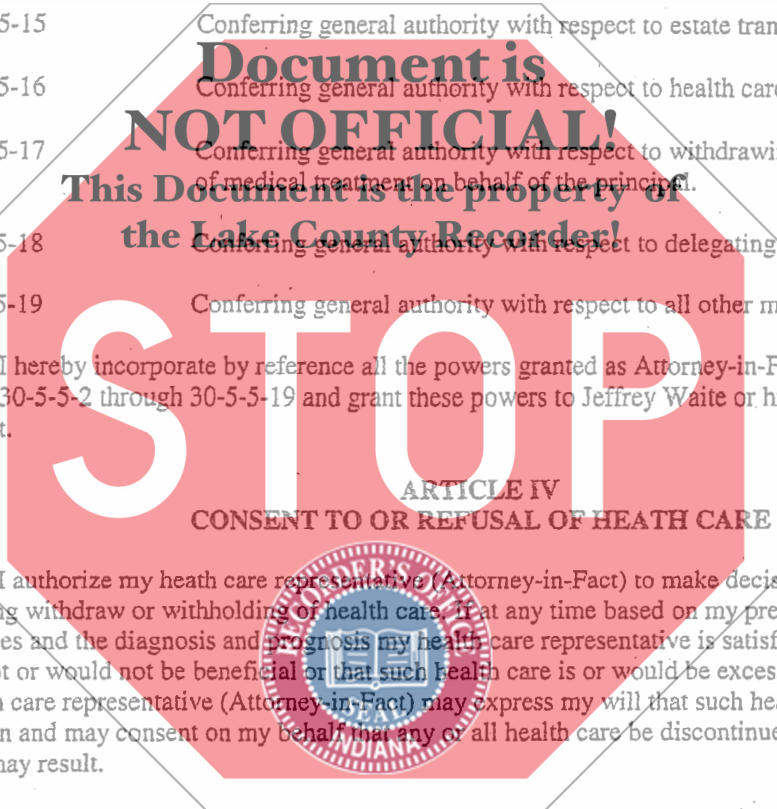
IC 30-5-5-16 Conferring general authority with respect to health care powers.

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 as Attorney-in-Fact under Indiana Code Sections 30-5-5-2 through 30-5-5-19 and grant these powers to Jeffrey Waite or his successors under this document.



**ARTICLE IV
CONSENT TO OR REFUSAL OF HEATH CARE**

I authorize my heath care representative (Attorney-in-Fact) to make decisions in my best interest concerning withdraw 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 health care is or would be excessively burdensome, then my health care representative (Attorney-in-Fact) 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 (Attorney-in-Fact) must try to discuss this decision with me. However, if I am unable to communicate, my health care representative (Attorney-in-Fact) 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 (Attorney-in-Fact) may also discuss this decision with my family and others to the extent they are available.

**ARTICLE V
PROVISION APPLICABLE TO ARTICLE III.**

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 VI 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 VII NOMINATION OF GUARDIAN

In the event a judicial proceedings is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, Jeffrey Waite, hereinabove designated and appointed, to be my guardian. In the event that he dies, resigns, is unable to serve, then I nominate Timothy and Michael Waite as my alternate guardian(s).

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the Lake County Recorder!
EFFECTIVE DATE

This power of attorney shall become effective upon my incapacity and disability wherein I am no longer able to personally handle my financial and business affairs or take care of my personal needs. I direct the named Attorney-in-Fact to secure a medical statement from my doctor with regard to my condition prior to assuming her authority under this document. This limitation as to the effective date of this Power Attorney being restricted to my mental or physical disability, does not restrict or limit my authority to request that my Attorney-in-Fact proceed under the Power of Attorney and assume his 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 disable 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 IX 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 his 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 he 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 valid 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 Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.
7. This Power of Attorney authorizes my Attorney-in-Fact to make various property related decisions on my behalf, some of which relate to my health care. Accordingly, I confirm that in connection therewith, my Attorney-in-Fact shall be treated as my personal representative for all purposes relating to my PHI, as provided in 45. C.F.R. 164.502 (g) (2).

**Document is
NOT OFFICIAL!**

IN WITNESS WHEREOF I have hereunto executed this Durable Power of Attorney the 2nd day of May, 2014.
This Document is the property of the Lake County Recorder!

Frances E. Waite

Frances E. Waite

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

STOP

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Frances E. Waite, who acknowledged the execution of the foregoing General Durable Power of Attorney this 1st day of May, 2014.
WITNESS my hand and notarial seal.

Sherman A. Boer

Notary Public



Resident of Porter County

My commission expires: 10-21-17

Instrument Prepared by:
Christopher A. Anderson, Attorney #25259-45
8081 Randolph Street ,Suite A
Hobart, IN 46342