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DURABLE GENERAL POWER OF ATTORNEY  
MICHAEL B. BROWN  
RECORDER

BY THOMAS E. BOLTON

I, Thomas E. Bolton, do hereby appoint my nephew, Thomas R. Havens, and my niece, Janice M. Farber, and to serve jointly and severally as my Attorneys-in-fact, and to exercise the powers set forth below. If either Thomas R. Havens or Janice M. Farber shall fail, refuse, or be unable so to act then the other shall serve as my sole Attorney-in-fact. By this instrument I intend to create a Durable Power of Attorney in accordance with the provisions of I.C. 30-5 and all other laws of the State of Indiana.

By way of illustration only, and not intending any limitation, I specifically grant to my Attorneys-in-fact the POWER TO:

1. (A) Buy, receive, lease, accept, or otherwise acquire any property. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.) (B) Sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber any property. (C) Contract or agree for the acquisition, disposition, or encumbrance of any property.
2. (A) Take, hold, possess, invest, lease, let, or otherwise manage my property. (B) Eject, remove or relieve tenants, holders, or others of possession of my property. (C) Maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve my property. (D) Enter safety deposit boxes and remove or deposit items.
3. Transact any kind of business, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.



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 CLERK [Signature]

4. Make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, mortgages, security agreements, hypothecations, checks, notes, bonds, vouchers, receipts, and other instruments.

5. Deposit or withdraw in either my name, the Attorneys-in-fact's names, or jointly in both names funds, negotiable paper, credit, rights, or money that may come into the Attorneys-in-fact's hands or that may be on deposit for me.

6. Institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of any legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

7. Act as proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

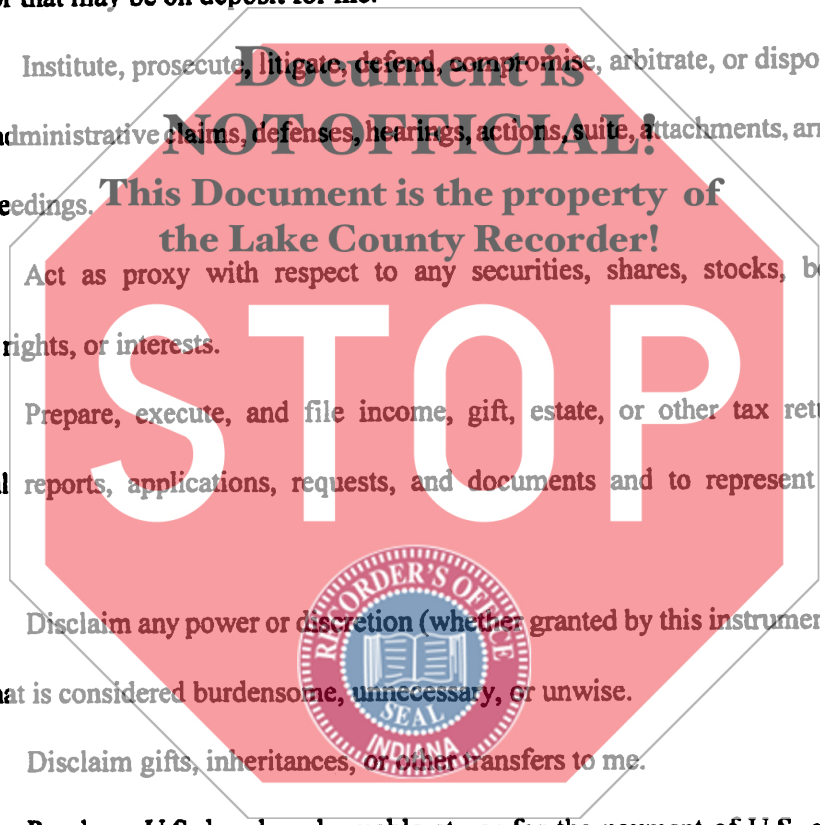
8. Prepare, execute, and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.

9. Disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

10. Disclaim gifts, inheritances, or other transfers to me.

11. Purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases.

12. My Attorneys-in-fact shall NOT, however, have any authority to deal with any insurance that I may own upon the life of the Attorneys-in-fact other than the payment of premiums from my funds.



13. Perform every act, deed, matter, and thing with respect to my estate, property, and affairs as fully and effectually as I might if personally present and acting.

14. Also, to perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, inter alia, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provisions for my dependents.

15. Upon any terms or limitations specified: (A) Substitute another to her place as my Attorney-in-fact under this instrument. (B) Remove a substitute and revoke any delegation of authority and make further substitutions and other delegations. (C) Engage and dismiss agents, counsel, or employees, and appoint and remove any successor, substitute, or agent. (D) Delegate one or more of any of the powers granted in this instrument to one or more other person.

DURABLE EFFECT

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY OR BY LAPSE OF TIME. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my Attorneys-in-fact under this power be appointed to that office.

EFFECTIVE UPON SIGNATURE

It is expressly provided that this power of attorney shall become effective upon the date first signed by me. My Attorneys-in-fact shall be fully protected and free from any liability for any payment, application, or accumulation made or other action taken in reliance upon this document.

APPLICABLE LAW

This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

TRUSTS

My Attorneys-in-fact are expressly authorized to create, revoke, or amend trusts in my name and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust or the provisions of any trust that I may establish.

MINISTERIAL NATURE OF POWERS

It is not my intention to grant any beneficial interests in my estate by this instrument but to grant to my Attorneys-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of reasonable compensation for services) not for the personal benefit of my Attorneys-in-fact.

~~I HEREBY REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY.~~  
IN WITNESS OF WHICH, I have signed my name, this 3<sup>rd</sup> day of May 2012.

NAME SIGNED: Thomas E Bolton

NAME PRINTED: Thomas E. Bolton

Witness

Printed Name Theodore A. Fitzgerald

Witness

Printed Name Molly A. Bladen

STATE OF INDIANA )

) SS:

COUNTY OF PORTER )



Before me, a notary public in and for said county and state, residing in Porter County, Indiana, personally appeared the grantor and acknowledged the execution of the foregoing power of attorney.

WITNESS my hand and Notarial Seal this 3<sup>rd</sup> day of May 2012.

My Commission Expires: 11/02/2016

Resident County: Porter

NAME SIGNED: Molly A. Bladen

NAME PRINTED: Molly A. Bladen

This instrument Prepared by: THEODORE A. FITZGERALD, Attorney No. 6903-64  
107 N. Main St, P.O. Box 98, Hebron, IN 46341  
(219) 996-2300