

This is to certify that this is a true and exact copy of the original instrument.
CHICAGO TITLE INSURANCE CO.
Indiana Division

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

By [Signature] 2017 085478

2017 DEC 15 AM 11:10

GENERAL DURABLE POWER OF ATTORNEY

MICHAEL B. BROWN
RECORDER

I, RUTH E. STROM, of Hobart, Indiana, being at least 18 years of age and mentally competent, do hereby designate JOSLEYN STEWART of Lake Station Indiana, as my true and lawful attorney-in-fact. In the event that my attorney-in-fact fails or ceases to serve, I do hereby designate BETSY RILEY of Valparaiso Indiana as my successor attorney-in-fact to act with the same general authority as is herein granted my attorney-in-fact.

I. POWERS:

The above-named attorney-in-fact shall have general authority with respect to the following, as the same are defined by Indiana Code 30-5-5 as it now exists or as it may be amended in the future:

Real property transactions, including signing deeds; Tangible personal property transactions; ~~Real estate and other property transactions;~~ Banking transactions; Business operating transactions; Insurance transactions; Beneficiary transactions; Gift transactions; Fiduciary transactions; Claims and litigation; Family maintenance; Benefits from military service; Records, reports, and statements; Estate transactions; Health care powers including the power to consent to or refuse health care on my behalf, which power is more specifically set forth in the Appointment of Health Care Representative and Health Care Power of Attorney attached to this General Durable Power of Attorney and incorporated herein by this reference; Delegating authority; as well as all other matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

II. EFFECTIVE DATE:

This Power of Attorney shall become effective upon my signing of this document.

III. TERMINATION:

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed a written revocation thereof and the same has been recorded in the recorder's offices, if any, where the Power of Attorney was previously recorded, with appropriate reference made therein to the book and page number or instrument number of such recording. This durable power of attorney shall not be affected by my subsequent disability or incapacity or by lapse of time.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

CHICAGO TITLE INSURANCE COMPANY



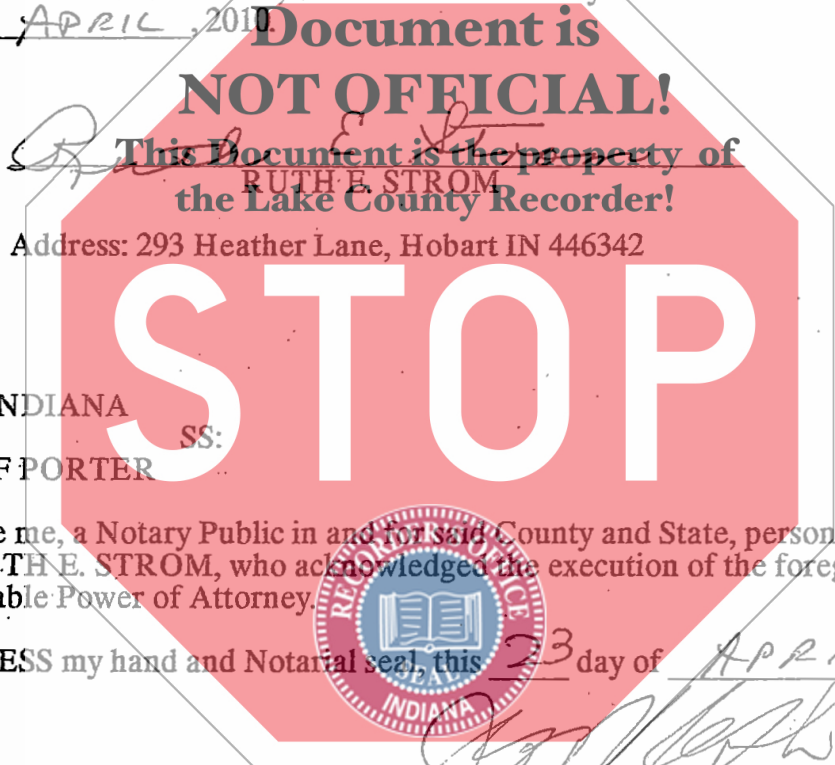
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CR# 1820504179

IV. GUARDIANSHIP:

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint JOSLEYN STEWART to serve as guardian of my person and property. If JOSLEYN STEWART is unable to serve as guardian for any reason, I then appoint BETSY RILEY as successor guardian of my person and property.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23 day of APRIL, 2010.



STATE OF INDIANA
SS:
COUNTY OF PORTER

Before me, a Notary Public in and for said County and State, personally appeared RUTH E. STROM, who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal, this 23 day of APRIL, 2010.

Jeffrey V. Cefali, Notary Public
Residing in Porter County Indiana
My Commission Expires: 1-26-17

This instrument prepared by:

Jeffrey V. Cefali, Attorney at Law
17 Main Street, Hobart, Indiana 46342