

DURABLE GENERAL POWER OF ATTORNEY

OF

L.
FLORA SCHWEITZER
(Principal)

TO
JAMES E. SCHWEITZER
AND
CHERYL ANN KLEIST
(Attorneys in Fact)

2017 08 30

I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

Annette Markov

I, FLORA SCHWIEZTER, as principal, designate and name JAMES E. SCHWEITZER and CHERYL ANN KLIEST, to be my attorneys in fact, under Indiana Code 30-5, as it may be amended or replaced (the "Statute"). Each attorney in fact is empowered to act independently of the other without consent or agreement of the other.

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A. **Powers.** This Power of Attorney incorporates the following powers and confers general authority to the Attorneys 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]

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 DEC 19 AM 10:01
MICHAEL B. BROWN
RECORDER



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

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AB

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 Attorneys in Fact.** My attorneys in fact are liable only if my attorneys in fact act in bad faith.

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 attorneys in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 9th day of May, 2013.

Flora Schwieter
Flora Schwieter, Principal

7809 Madison Street
Merrillville, IN 46410

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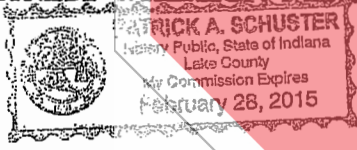
STATE OF INDIANA)

COUNTY OF LAKE)

) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 9th day of May, 2013, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

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



[Signature]
Notary Public

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