

**CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES  
CHICAGO**

2019 039512

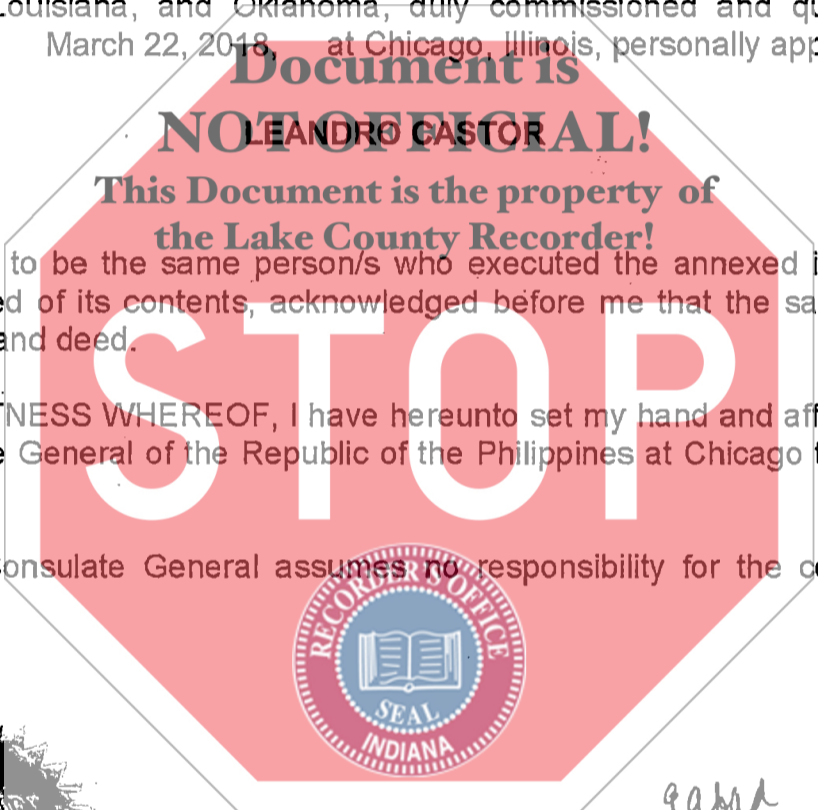
CONSULATE GENERAL OF THE PHILIPPINES }  
CITY OF CHICAGO }  
STATE OF ILLINOIS, U.S.A. }

S.S.

**ACKNOWLEDGEMENT**

Before me, **ERICKA ANNA T. ABAD**, Consul of the Republic of the Philippines for the States of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, South Dakota, Ohio, Wisconsin, Arkansas, Mississippi, Louisiana, and Oklahoma, duly commissioned and qualified, hereby certify that on **March 22, 2018**, at **Chicago, Illinois**, personally appeared,

STATE OF INDIANA  
LAKE COUNTY  
FILED  
2019 JUL 11 AM 11:12  
MICHAEL J. ...



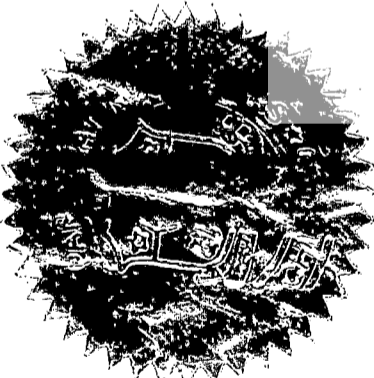
known to me to be the same person/s who executed the annexed instrument, and being informed of its contents, acknowledged before me that the same are of their own free will and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Consulate General of the Republic of the Philippines at Chicago this 22nd day of March 2018.

This Consulate General assumes no responsibility for the contents of said document.

*ERICKA*  
**ERICKA ANNA T. ABAD**  
Consul

*Annexed document is a/an  
Power of Attorney.*



Fee : \$25.00  
O.R. No. : 7544673  
Service No.: 5354  
Doc. No. : 2495  
Page No. : 77  
Series of 2018

**FIDELITY NATIONAL**  
**TITLE COMPANY** *FW1900605*

This certificate is not valid if removed or altered in any way whatsoever.  
The validity of this Certification is for five (5) years, unless specified by the attached document.

122 South Michigan Avenue, Suite 1600, Chicago, Illinois 60603, USA  
Tel. No. 1(312) 583-0621; Fax No. 1(312) 583-0647  
[www.chicagopcg.dfa.gov.ph](http://www.chicagopcg.dfa.gov.ph), [chicagopcg@att.net](mailto:chicagopcg@att.net)

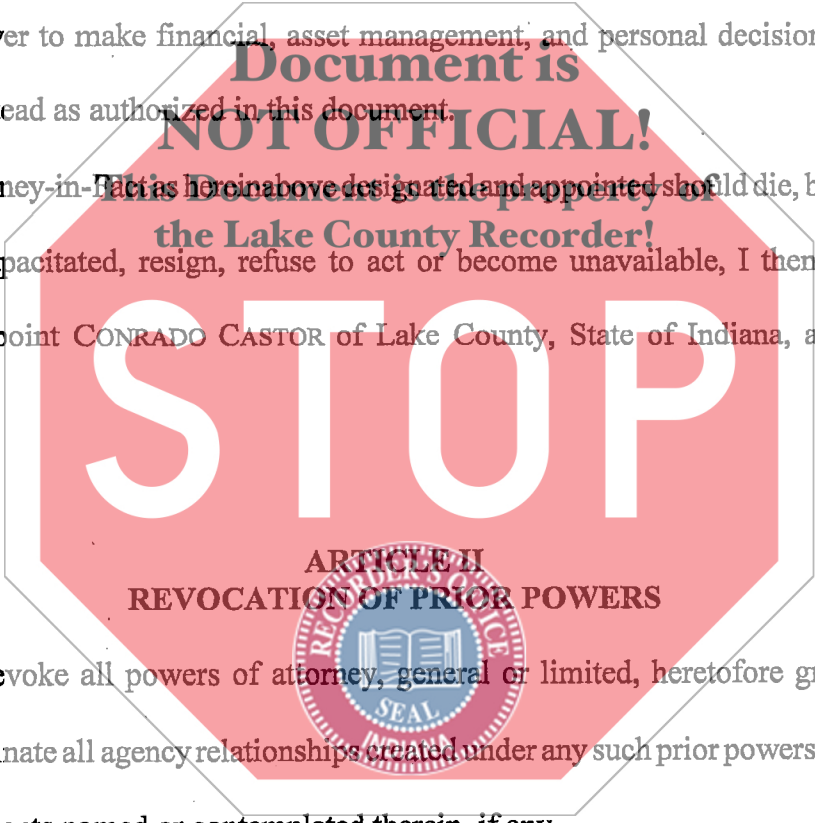
*25-RT*  
CK#1820704075

**POWER OF ATTORNEY  
OF  
LEANDRO CASTOR**

**ARTICLE I  
DESIGNATION OF AGENT**

I, LEANDRO CASTOR, of Lake County, State of Indiana, being a mentally competent adult, do hereby designate and appoint EDUARDO CASTOR of Lake County, State Indiana, as my true and lawful Attorney-in-Fact, 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 as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act or become unavailable, I then and do hereby designate and appoint CONRADO CASTOR of Lake County, State of Indiana, as my successor Attorney-in-Fact.



**ARTICLE II  
REVOCATION OF PRIOR POWERS**

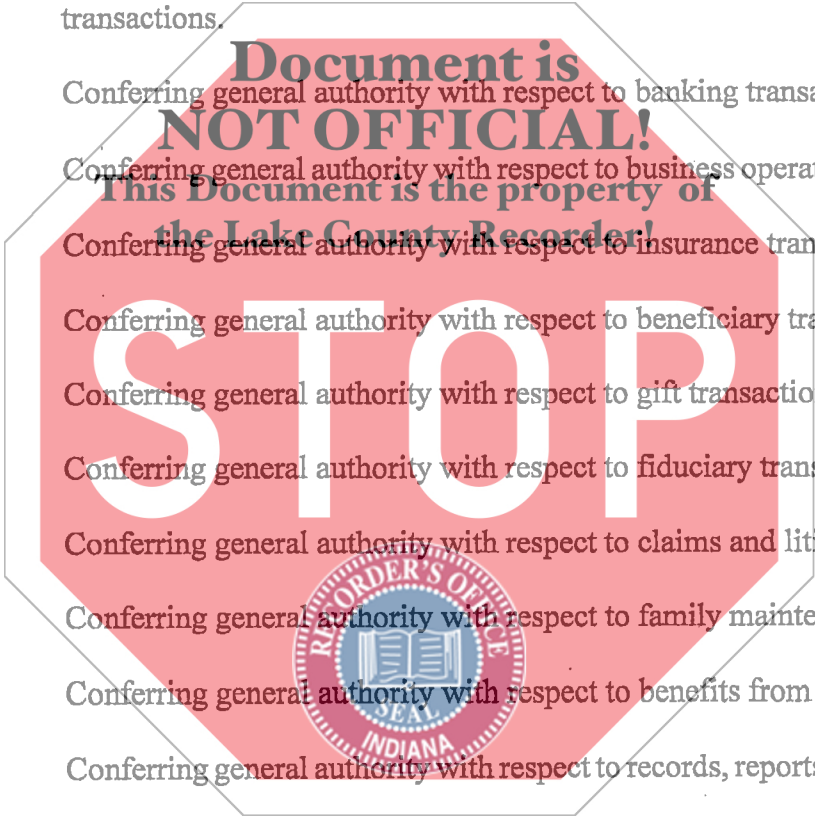
I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

**ARTICLE III  
GENERAL ASSET AND FINANCIAL POWERS**

My Attorney-in-Fact is authorized, in his 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 §30-5-5-5           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.
- IC §30-5-5-10          Conferring general authority with respect to 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 §30-5-5-18          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 an Attorney-in-Fact under IC § 30-5-5-2 to IC §30-5-5-19. However, I am specifically excluding IC § 30-5-5-16 conferring general authority with respect to health care powers and IC § 30-5-5-17 conferring general authority with

respect to withdrawing or withholding of medical treatment on behalf of the principal from this power of attorney. I grant the powers enumerated in this power of attorney EDUARDO CASTOR his successor under this document.

**ARTICLE IV  
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.



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 VI  
EFFECTIVE DATE**

The powers granted herein shall become effective as of the date of execution of this Power of Attorney.

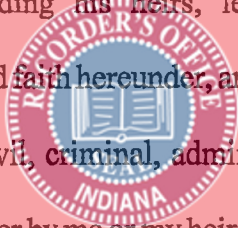
**ARTICLE VII  
NOMINATION OF GUARDIAN**

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, EDUARDO CASTOR, hereinabove designated and appointed, to be my guardian. In the event that he] dies, resigns, is unable to serve, then I nominate CONRADO CASTOR as my alternate guardian.

**ARTICLE VIII  
MISCELLANEOUS PROVISIONS  
NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

**STOP**



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.

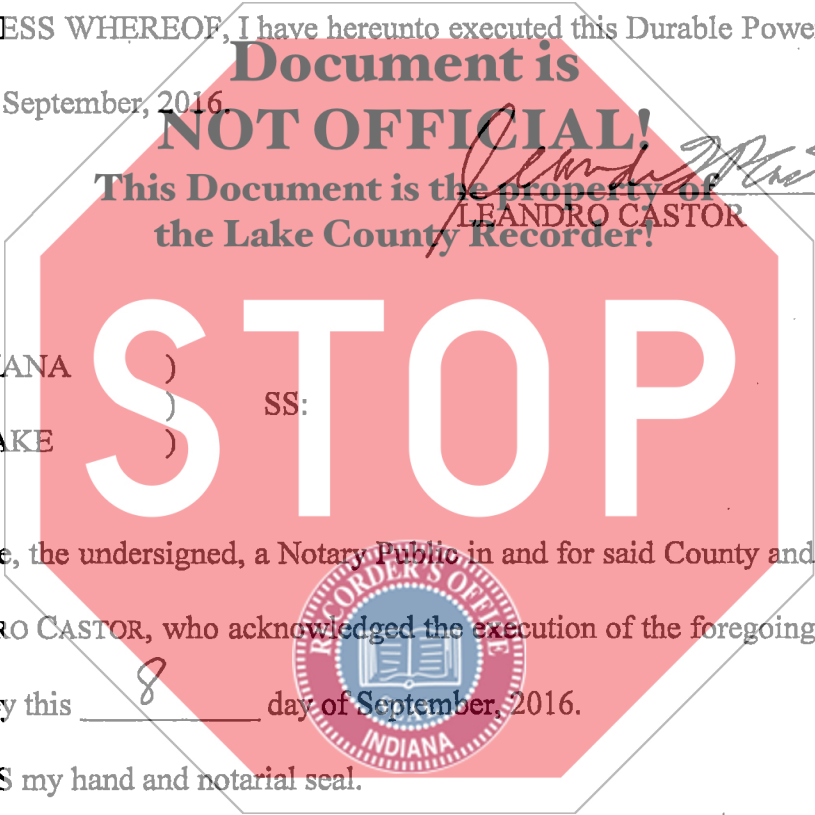
3. My Attorney-in-Fact, including his heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary), and from all claims or demands 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 invalid 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 my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.


IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 8<sup>TH</sup> day of September, 2016.



STATE OF INDIANA )  
                                  )     SS:  
COUNTY OF LAKE     )


Before me, the undersigned, a Notary Public in and for said County and State, personally appeared LEANDRO CASTOR, who acknowledged the execution of the foregoing General Durable Power of Attorney this 8 day of September, 2016.

WITNESS my hand and notarial seal.

  
\_\_\_\_\_  
BETH A. CASBON, Notary Public

My Commission expires: 02-25-2017  
Resident of Porter County

Document prepared by Beth A. Casbon, attorney and signed as notary.



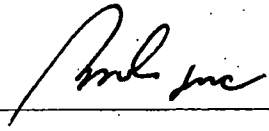
---

Beth A. Casbon

Attorney



Document prepared by Beth A. Casbon, attorney and signed as notary.



---

Beth A. Casbon

Attorney

