

DURABLE POWER OF ATTORNEY

I, _____, being at least 18 years of age and mentally competent, do hereby designate and appoint _____ as my true and lawful attorney-in-fact.

I. POWERS:

I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Ind. Code 30-5-5. The powers given herein shall be considered limited so that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property and which would cause that property to be taxed as owned by the attorney-in-fact, it being my intention not to grant any beneficial interests in my estate by this instrument. My attorney-in-fact shall have the following powers:

REAL PROPERTY: Authority with respect to real property transactions pursuant to Ind. Cod. 30-5-5-2.

TANGIBLE PERSONAL PROPERTY: Authority with respect to tangible personal property pursuant to Ind. Code 30-5-5-3.

BONDS, COMMODITIES AND SHARES: Authority with respect to bonds, commodities and shares pursuant to Ind. Code 30-5-5-4. This authority (SHALL / SHALL NOT) exclude any power to purchase commodities, any power to sell short or to initiate a margin transaction and any power to purchase put or call options. This authority shall include the power to purchase United States Government obligations which are redeemable at par value in payment of estate taxes imposed by the United States Government.

RETIREMENT PLANS: Authority with respect to retirement plans pursuant to Ind. Code 30-5-5-4.5.

BANKING: Authority with respect to banking transactions pursuant to Ind. Code 30-5-5-5.

BUSINESS: Authority with respect to business operating transactions pursuant to Ind. Code 30-5-5-6.

INSURANCE: Authority with respect to insurance transactions pursuant to Ind. Code 30-5-5-7 providing that references in Ind. Code 30-5-5-7(a)(2) and (3) to Ind. Code 30-5-5-8. shall refer to Ind. Code 30-5-5-9. This authority shall include the right to change directly or indirectly, the beneficiary of any policy insuring my life to any natural-person. This authority shall include the right to change, directly or indirectly, the beneficiary of any policy insuring my life to any natural-person. This authority shall include full power to apply for and otherwise deal with Medicare and Medicaid benefits.

BENEFICIARY: Authority with respect to beneficiary transactions pursuant to Ind. Code 30-5-5-8.

GIFTS: Authority with respect to gift transactions pursuant to Ind. Code 30-5-5-9; however, this authority shall:

- a. Include the power to make such gifts to my spouse as are needed to accomplish the minimization of income, gift and death taxes, even though my spouse may be serving as my attorney-in-fact hereunder; or
- b. Exclude the power to make non-spousal gifts in excess of the amount excluded from gifts under section 2503(b) of the Internal Revenue Code of 1986, as amended, or any successor thereto; or
- c. Exclude the power to make gifts to spouses of descendants.

FIDUCIARY: Authority with respect to fiduciary transactions pursuant to Ind. Code 30-5-5-10.

CLAIMS AND LITIGATION: Authority with respect to claims and litigation pursuant to Ind. Code 30-5-5-11.

FAMILY MAINTENANCE: Authority with respect to family maintenance pursuant to Ind. Code 30-5-5-12.

MILITARY SERVICE BENEFITS: Authority with respect to benefits from military service pursuant to Ind. Code 30-5-5-13, including the full power to apply for benefits from and otherwise deal with matters concerning the Veterans Administration.

RECORDS, REPORTS AND STATEMENTS: Authority with respect to records, reports and statements pursuant to Ind. Code 30-5-5-14; including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

ELECTRONIC RECORDS, REPORTS, AND STATEMENTS: Authority with respect to Electronic Records, Reports, and Statements pursuant to Ind. Code 30-5-5-14.5.

ESTATE TRANSACTIONS: Authority with respect to estate transactions pursuant to Ind. Code 30-5-5-15.

DELEGATE: Authority with respect to delegating authority pursuant to Ind. Code 30-5-5-18.

ALL OTHER MATTERS: Authority with respect to all other matters pursuant to Ind. Code 30-5-5-19.

II. GUARDIAN:

If it becomes necessary to secure the appointment of a guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate probate court to appoint _____ as my guardian or as the person to act on my

behalf.

III. FEES:

My attorney-in-fact (shall/shall not) be entitled to a fee for services provided as my attorney-in-fact. (strike one).

IV. LIABILITY AND INDEMNITY: My attorney-in-fact shall only be liable for actions undertaken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein, if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. 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.

V. EFFECTIVE DATE AND INCAPACITY:

- A. This power of attorney shall be effective:
 - 1. As of the date signed.
- B. My disability or incompetence shall not affect or terminate this Power of Attorney.
- C. This power of attorney shall terminate:
 - 1. Upon the execution and recordation with the Recorder's office of the County of my domicile a written revocation hereof.

VI. REVOCATION:

I hereby reserve the right to revoke this power of attorney at any time. My attorney-in-fact shall not have the power to revoke all powers of attorney previously executed by me.

DATED: _____

STATE OF INDIANA)
)
COUNTY OF _____) SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the above and foregoing Durable Power of Attorney, IN WITNESS WHEREOF, I do hereby set my hand and Notarial seal as of the _____ day of _____, 20__.

Signed: _____

Printed: _____

My commission expires:

My County of Residence is:

This instrument was prepared by Daniel L. Russello, Attorney-at-Law, 5224 S. East St, Suite C-14, Indianapolis, Indiana 46227, (317) 939-3000.