



GENERAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DESCRIBED IN THE INDIANA POWER OF ATTORNEY ACT, INDIANA CODE 30-5. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, **Georgia A. Irven**, of Tippecanoe County, Indiana, appoint my sister, **Marjory Vizza**, my nephew, **Robert Vizza**, and my niece, **Virginia Vizza Nash**, or any of them, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following subjects:

- A. Real property transactions (Indiana Code §30-5-5-2).
- B. Tangible personal property transactions (Indiana Code §30-5-5-3).
- C. Bond, share and commodity transactions (Indiana Code §30-5-5-4).
- D. Retirement Plan Transactions (Indiana Code §30-5-5-4.5).
- E. Banking transactions (Indiana Code §30-5-5-5).
- F. Business operating transactions (Indiana Code §30-5-5-6).
- G. Insurance transactions (Indiana Code §30-5-5-7).
- H. Transfer on Death transfers. (Indiana Code §30-5-5-7.5).
- I. Beneficiary transactions (Indiana Code §30-5-5-8), such as trusts, probate, estates, guardianships, escrows, and custodianships in which I may be interested as beneficiary.
- J. Gift transactions (Indiana Code §30-5-5-9).
- K. Fiduciary transactions (Indiana Code §30-5-5-10) insofar as I have the authority to delegate fiduciary duties.
- L. Claims and litigation (Indiana Code §30-5-5-11).
- M. Family maintenance (Indiana Code §30-5-5-12).
- N. Benefits from military service (Indiana Code §30-5-5-13).
- O. Records, reports and statements (Indiana Code §30-5-5-14), including the power to complete IRS Form 2848.
- P. Estate transactions (Indiana Code §30-5-5-15).
- Q. Delegation of Authority (Indiana Code §30-5-5-18).
- R. General authority with respect to all other matters to act as my alter ego (Indiana Code §30-5-5-19).

This power of attorney is effective immediately and will continue until it is revoked. It will continue to be effective even though I become disabled, incapacitated, or incompetent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

SIGNED this 22nd day of June, 2010.

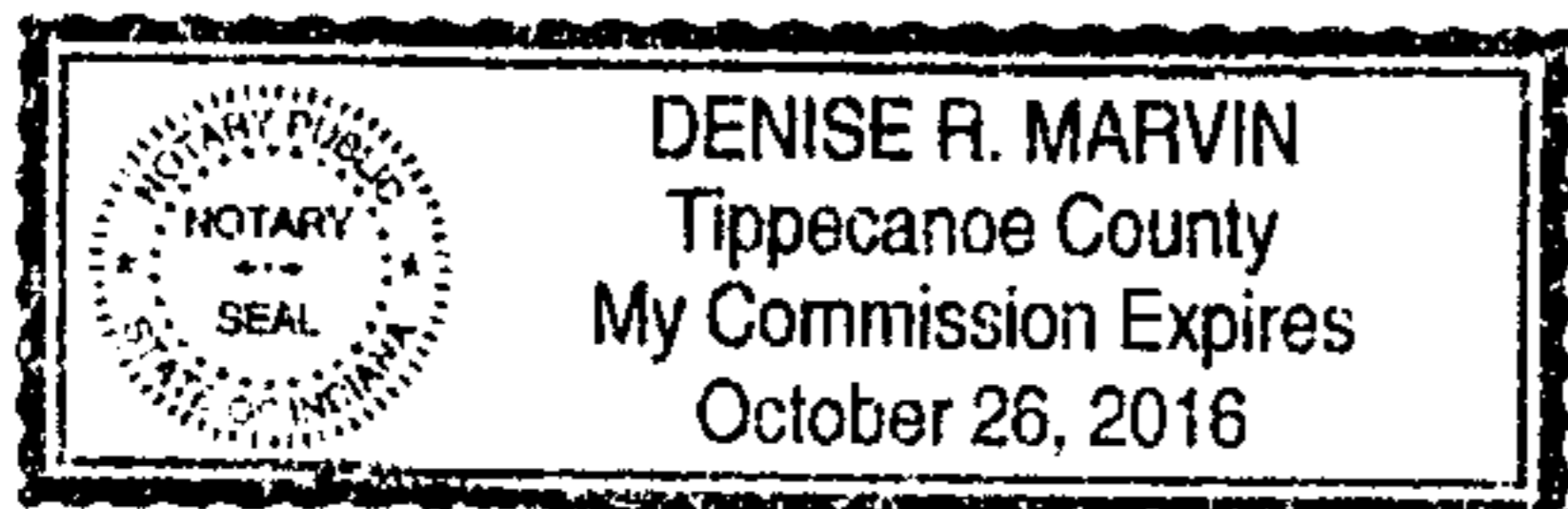
Georgia A Irven

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STATE OF INDIANA)
)SS:
COUNTY OF TIPPECANOE)

Before me, a Notary Public in and for said County and State, on this 22nd day of June, 2010, personally appeared **Georgia A. Irven**, who acknowledged the execution of the foregoing General Power of Attorney as her free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



Denise R. Marvin

Printed: _____
Notary Public
County of Residence: _____
My Commission Expires: _____

BY ACCEPTING OR ACTING UNDER THIS APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

PREPARER'S AFFIRMATION STATEMENT

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. By: Stuart P. Boehning, Preparer

This instrument was prepared by **Stuart P. Boehning** of the firm **BENNETT BOEHNING & CLARY LLP**, Attorneys at Law, 415 Columbia Street, Suite 1000, P.O. Box 469, Lafayette, IN 47902-0469; Telephone: (765) 742-9066.