

LIMITED POWER OF ATTORNEY

OF

JAMES N. PACHASA, SR.

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 P.A.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Dated: 1-11-14

JAMES N. PACHASA, SR.

# LIMITED POWER OF ATTORNEY

OF

**JAMES N. PACHASA, SR.**

I, **JAMES N. PACHASA, SR.**, of McKees Rocks, Pennsylvania, do hereby nominate, constitute and appoint, **MARY ELIZABETH PACHASA**, my daughter-in-law, of McKees Rocks, Pennsylvania, my true and lawful attorney-in-fact, to act in my name, place and stead, to do and perform the following limited acts that I might legally perform though an attorney-in-fact or that I might lawfully perform if I were personally present.

THE POWERS GRANTED HEREIN ARE SPECIFICALLY LIMITED TO:


Power to engage in banking and financial transactions, including but not limited to the power to draw and sign checks or withdrawal orders, to receive, endorse and collect checks payable to my order and to make, sign, execute and deliver promissory notes or bills of exchange and change addresses.

IT IS MY INTENT, and I do hereby direct, that this Power of Attorney shall not be terminated or otherwise affected by my subsequent disability or incapacity. All acts done by my attorney in fact, pursuant to this Power of Attorney, during any such period in which I am disabled or incapacitated, shall have the same effect and shall be binding upon my heirs, administrators and successors in interest just as if I were competent and not disable.

WITNESS MY HAND this 1-11-14 day of January, 2014.

WITNESS:

  
\_\_\_\_\_

  
\_\_\_\_\_  
JAMES N. PACHASA, SR.

LIMITED POWER OF ATTORNEY

OF

JAMES N. PACHASA, SR.

ACKNOWLEDGMENT EXECUTED BY AGENT

I, MARY ELIZABETH PACHASA, HAVE READ THE ATTACHED POWER OF ATTORNEY AND ACKNOWLEDGE THAT I AM THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT IN THE ABSENCE OF A SPECIFIC PROVISION TO THE CONTRARY IN THE POWER OF ATTORNEY OR IN 20 PA.C.S. WHEN I ACT AS AGENT:

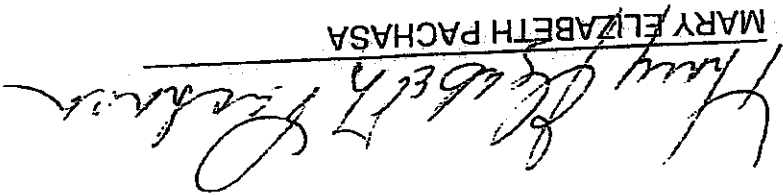
I SHALL EXERCISE THE POWERS FOR THE BENEFIT OF THE PRINCIPAL. I SHALL KEEP THE ASSETS OF THE PRINCIPAL SEPARATE FROM MY ASSETS.

I SHALL EXERCISE REASONABLE CAUTION AND PRUDENCE.

I SHALL KEEP A FULL AND ACCURATE RECORD OF ALL ACTIONS, RECEIPTS AND DISBURSEMENTS ON BEHALF OF THE PRINCIPAL.

Dated: 1-11-14

MARY ELIZABETH PACHASA

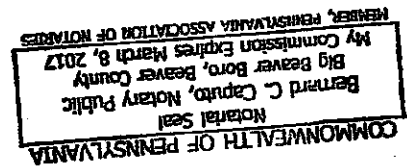


Commonwealth of Pennsylvania  
County of Allegheny

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) SS:  
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On this, the \_\_\_\_\_ day of January, 2014, before me, the undersigned officer, personally appeared James N. Pachasa, Sr. known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledge that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Notary Public

A handwritten signature in cursive script, appearing to read "Bernard C. Caputo", written over a horizontal line.