POWER-OF-ATTORNEY

Pol 391179-80 LD HO

Calumet Securities Corporation
P.O. Box 208; Schererville, Ind
KNOW ALL MEN BY THESE PRESENTS, That:

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The undersigned, ELIZABETH MALATIN, a resident at 2120 Lincoln Avenue, Whiting, Lake County, Indiana, hereby nominate and appoint my daughter, BETTY CRNARICH, my Attorney-In-Fact, for me and in my name and stead to do ach and all of the following acts and things:

- (a) For me and in my name to sign my name on all my U.S. Social

 Security Checks, Pension Checks, Dividend Checks, Interest Checks, as well

 as any other Checks payable to me, and upon receipt thereof, or any part

 thereof, to make, sign, endorse, execute, and deliver such receipts, releases

 or other discharges as are necessary.
- (b) To sell, trade, lease, rent or mortgage any or all of my property, specifically including my real estate, at 2120 Lincoln Avenue, Whiting Post Office, Indiana, upon such terms and conditions as my Attorney may deem appropriate, and to execute bills of sale, instruments of assignment, deeds or other instruments necessary to convey title to said property and to receipt for the purchase price of any of such property.
- (c) To sell, or trade, any and all of my stock holdings, especially my shares of Standard Oil Company of Indiana, but not limited thereto, upon such terms and conditions as my said Attorney may deem appropriate, and to execute whatever instruments may be necessary to convey title to said property and to receipt for the purchase price of any of such property.
- (d) For me and in my name to deposit any and all sums of money collected and received in my name in any bank, in her name, and to withdraw same as she shall think fit in the payment of any debts payable by me, or taxes, assessments, insurance, and all expenses due and payable or to become due and payable for my maintenance and support.
- (e) To appoint and employ any agents, servants or attorneys that may be necessary to effectually deal with and turn to account any property owned by me.
- (f) To sign my name to all documents necessary to obtain my medical or hospital information and records, or to release sign information to any lawful agent or authority for any purpose that my said Attorney may deem necessary.

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I hereby give and grant unto my said Attorney full power and authority to do and perform all and every act and thing whatsoever which may be necessary, convenient, or proper to be done to effectuate the powers herein granted as fully as I could do if personally present, hereby ratifying and confirming all that my said Attorney shall lawfully do, or cause to be done, by virtue hereof.

My said Attorney shall account to me, semi-annually, for all acts and things done by her under the powers herein granted and shall, upon request, deliver over to me all sums of money collected in my behalf. purchaser, mortgagee, lessee or any other person shall be required to see to the application of any funds collected by my Attorney for me.

The powers herein granted may be terminated upon written notice delivered by me to my said Attorney. Whereupon, said Attorney shall forthwith deliver over to me all property of every kind and nature taken into her possession pursuant to the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this 1000 day of June, 1980.

Elizabeth Malatin

STATE OF INDIANA) COUNTY OF LAKE

Personally appeared before the undersigned, a Notary Public, within and for said County and State, Elizabeth Malatin, to me known and known to me to be the person who executed the foregoing Power-Of-Attorney, and acknowledged execution of the same as her voluntary act and deed.

WITNESS my hand and notarial seal this / day of June, 1980.

Rudolph M. Zajac

Resident of Lake County, Indiana.

My Commission Expires:

10 1981

This instrument prepared by: