THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

LAWYERS TITLE INS. CORP. 7895 BROADWAY MERRILLVILLE, IND. 46410

661048	OF	
	EVA KOKES	
	(GRANTOR)	
	то	
	DANIEL B. KOKES	
	(ATTORNEY-IN-FACT)	
The undersigned hereby nominates,	constitutes and appoints DANIEL B. KOK	ES
whose address is		
is my true and lawful attorney-in-fact to	o do and perform for me and in my name the follo	owing:

(Strike any paragraph not applicable)

(1) Banking and Financial Transactions — (a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to checks or drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any state, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) to make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) to sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) to have access to and to remove any or all of my property contained or held in any safety deposit box.

(2) Motor Vehicles — To sell, lease, maintain, insure, license and re-license any motor vehicle which I may own or in which I may have an interest and to execute and deliver any instruments required so to do.

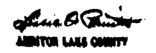
(3) Tax Matters — (a) To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and-file on-my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.

(4) Conduct of Business — (a) To manage my property and to conduct my business affairs, including, but not limited to, leasing, managing and maintaining any real or personal property which I may own; (b) to recover, obtain and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in which I may have an interest; and (c) to pay, discharge or compromise any of my debts or other obligations.

(5) Securities Transactions — (a) To purchase or otherwise acquire, to sell or otherwise dispose of, securities including, but not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in person or by proxy; and (c) to receive dividends and other distributions on such securities.

(6) Other powers specifically designated:







IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

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	this instrument shall become null and void.
as witness, who has duly witnessed my sign considered an original. Counterpart No. 0	ing of this instrument in counterparts, each of which shall be
	Eval Kikes, GRANTOR EVA KOKES
And the second s	LVA KOKES
	GRANTOR'S SOCIAL SECURITY NUMBER
	GRANTOR'S ADDRESS
	GHANI GHA ADDRESS
WITNESS TO SIGNING BY GRANTOR	
STATE OF INDIANA)	
COUNTY OF SS:	
Before me, the undersigned, a Nota FBILUARY the execution of the above instrument to be	ry Public in and for said County and State, this
Before me, the undersigned, a Nota FBILUARY the execution of the above instrument to be	<u>kaluary</u> , personally appeared the Grantor named above, and acknowledged
Before me, the undersigned, a Nota FBILUARY the execution of the above instrument to be	के हैं , personally appeared the Grantor named above, and acknowledged his/her voluntary act and deed, for the uses and purposes therein stated.
Before me, the undersigned, a Nota FFBILUACY 19 the execution of the above instrument to be IN-WITNESS WHEREOF, I have her	reunto set my hand and official seal the day and year last above written. NOTARY PUBLIC SEANETTE BENCE
Before me, the undersigned, a Nota FEBILUARY 19 the execution of the above instrument to be IN WITNESS WHEREOF, I have her	reunto set my hand and official seal the day and year last above written.
Before me, the undersigned, a Nota FFBILUACY 19 the execution of the above instrument to be IN-WITNESS WHEREOF, I have her	reunto set my hand and official seal the day and year last above written. NOTARY PUBLIC SEANETTE BENCE
Before me, the undersigned, a Nota FEBILUARY the execution of the above instrument to be IN.WITNESS WHEREOF, I have her My Commission Expires:	Resident Of: Re
Before me, the undersigned, a Nota FEBILUARY 19 the execution of the above instrument to be IN WITNESS WHEREOF, I have her My Commission Expires:	Resident Of: Re
Before me, the undersigned, a Nota FEBILUARY the execution of the above instrument to be IN.WITNESS WHEREOF, I have her My Commission Expires:	Resident Of: Re