CO111261-82 Pioneer National Title Insurance RECORDING REQUESTED BY Marrillville, Indiana 671300 **POWER OF ATTORNEY-**KNOW ALL PERSONS BY THESE PRESENTS: That I, DOROTHY L. CULVER the undersigned (jointly or severally, if more than one) hereby make, constitute and appoint JACK. W. CULVER my true and lawful Attorney for me and in my name, place and stead and for my use and benefit: (a) To ask, demand, sue for, recover, collect and receive each and every sum of money, debt, account, legacy, bequest, interest, dividend; annuity and demand (which now is or hereafter shall become due, owing or payable) belonging to or claimed by me, and to use and take any lawful means for the recovery thereof by legal process or otherwise, and to execute and deliver a satisfaction or release therefor, together with the right and power to compromise or compound any claim or demand: (b) To exercise any or all of the following powers as to real property, any interest therein and/or any building thereon: To contract for, purchase, receive and take possession thereof and of evidence of title thereto; to lease the same for any term or purpose, including leases for business, residence, and oil and/or mineral development; to sell, exchange, grant or convey the same with or without warranty; and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement; (c) To exercise any or all of the following powers as to all kinds of personal property and goods, wares and merchandise, choses in action and other property in possession or in action: To contract for, buy, sell, exchange, transfer and in any legal manner deal in and with the same; and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement; (d) To borrow money and to execute and deliver negotiable or non-negotiable notes therefor with or without security; and to loan money and receive negotiable or non-negotiable notes therefor with such security as he/she shall deem proper; (e) To create, amend, supplement and terminate any trust and to instruct and advise the trustee of any trust wherein I am or may be trustor or beneficiary; to represent and vote stock, exercise stock rights, accept and deal with any dividend, distribution or bonus, join in any corporate financing, reorganization, merger, liquidation, consolidation or other action and the extension, compromise, conversion, adjustment, enforcement or foreclosure, singly or in conjunction with others of any corporate stock, bond, note, debenture or other security; to compound, compromise, adjust, settle and satisfy any obligation, secured or unsecured, owing by or to me and to give or accept any property and/or money whether or not equal to or less in value than the amount owing in payment, settlement or satisfaction thereof: thereof; (f) To transact business of any kind or class and as my act and deed to sign, execute, acknowledge and deliver any deed, lease, assignment of lease, covenant, indenture, indemnity, agreement, mortgage, deed of trust, assignment of mortgage or of the beneficial interest under deed of trust, extension or renewal of any obligation, subordination or waiver of priority, hypothecation, bottomry, charter-party, bill of lading, bill of sale, bill, bond, note, whether negotiable or non-negotiable, receipt, evidence of debt, full or partial release or satisfaction of mortgage, judgment and other debt, request for partial or full reconveyance of deed of trust and such other instruments in writing or any kind or class as may be necessary or proper in the premises. (g) [Strike if not applicable.] Regardless of my disability or incapacity occurring after the making of this Power of Attorney, this Power of Attorney shall not or one year after the disability or incapacity occurs, whichever period first expires, with respect to my real be affected for a period of _ (Insert number of months) property which constitutes my principal place of residence. (h) [Strike if not applicable]! Regardless of my disability or incapacity occurring after the making of this Power of Attorney, this Power of Attorney shall not be or one year after the disability or incapacity occurs, whichever period first expires, with respect to all of my affected for a period of (Insert number of months) personal property. GIVING AND GRANTING unto my said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying all that my said Attorney shall lawfully do or cause to be done by virtue of these presents. The powers and authority hereby conferred upon my said Attorney shall be applicable to all real and personal property or interests therein now owned or hereafter acquired by me and wherever situate. My said Attorney is empowered hereby to determine in his/her sole discretion the time when, purpose for and manner in which any power herein conferred upon him shall be exercised, and the conditions, provisions and covenants of any instrument or document which may be executed by him/her pursuant hereto; and in the acquisition or disposition of real or personal property, my said Attorney shall have exclusive power to fix the terms thereof for cash, credit and/or property, and if on credit with or without security, 1. See reverse side for instructional purposes only. Not to be recorded. STATE OF CALIFORNIA 1962 Los Angeles COUNTY OF _ before me, the undersigned, a Notary Public in and for said State On May 26, 1982 DOROTHY personally appeared . subscribed to the within instrument and acknowledged that known to me to be the person whose name executed the same. WITNESS my hand and official seal. OFFICIAL SEAL VIRGINA L HUMPHREY Notary Public in and for said State LOS ANGELES COUNTY Virgnia L. Humphrey . expires NOV 28, 1984 This standard form covers most usual problems in the field indicated. Before sign, read it, fill in all blanks, and make changes proper to your transact Consult a lawyer if you doubt the form's fitness for your purpose. POWER OF ATTORNEY GENERAL WOLCOTTS FORM 1400-Rev. 4 81 × 1981 WOLCOTTS, INC