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## SPECIAL POWER OF ATTORNEY

I, HELEN S. KLUKA, of Merrillville, Indiana, Company County
make, constitute and appoint my half-sister, FRANCES V. JOHNSON,
living at 1925 West 73rd Avenue, Merrillville, Indiana 46410,
my true and lawful attorney-in-fact, for me and in my name,
place and stead to do and perform each and every act hereinafter set forth, to-wit:

- 1. To draw and endorse checks against any checking or savings accounts standing in my name, and to make deposits in any such accounts.
- 2. To purchase, sell, dispose of, assign and pledge notes, stocks, bonds, certificates of deposit and other securities.
- 3. To receive and demand all sums of money, debts, dues, accounts, interests, dividends, annuities and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me.
- 4. To bargain for, contract concerning, buy, sell, mortgage, hypothecate and in any and every way and manner dealed and with my personal property; and to execute instruments
  necessary for the encumbrance or transfer of my personal property of any kind or nature whatsoever, including but not
  limited to the transfer of title to any motor vehicles owned
  by me.
- 5. To purchase, sell, mortgage or otherwise encumber, lease and convey any interest in real estate, wherever located, which I may be the owner of in whole or in part, now or hereafter, including but not necessarily limited to the following described real property:

KEY 15-116-30 Part of the Northeast Quarter of the Southeast Quarter of Section 17, Township 35 North, Range 8 West of the Second Principal Meridian, described as: Commencing at a point 4 rods East of the Northwest corner of said tract; thence East 19 rods; thence South 10 rods; thence West 19 rods; thence North 10 rods to the place of beginning, in Lake County, Indiana.

of any kind or nature whatsoever and to do and perform each and every act and thing whatsoever requisite, necessary, proper or helpful to be done in all matters affecting my business or property; all with the same force and effect as though I were personally present and acting for myself, and I hereby ratify and confirm all that my said attorney-in-fact shall do by virtue of this Special Power of Attorney.

This Power of Attorney shall not be affected by my incompetence, and shall remain in full force and effect notwithstanding any uncertainty as to whether I am deceased or living.

IN WITNESS WHEREOF, I have affixed my signature and seal this 28 day of January, 1983.

Helen S. Kluka (SEAI

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public in and for said County and State personally appeared Helen S: Kluka, who acknowledged the execution of the above and foregoing Special Power of Attorney.

WITNESS my hand and Notarial Seal this 28 - day of

JANUARY, 1983.

My Commission Expires: October 19, 1983

William F. Carroll, Notary Public

County of Residence: Lake

THIS INSTRUMENT PREPARED BY

WM F. CARROLL, ATTORNEY

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