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POWER OF ATTORNEY HO B-418192

KNOW ALL MEN BY THESE PRESENTS:

also known as DELORES PAYNE, THAT, I DELORES KAY PAYNE, do hereby make constitute and appoint my brother, BARRY B. STRONG, my true and lawful Attorney, for me and in my name, place and stead:

1. To receive, take, receipt for and hold in possession, manage and control without limitation the real estate described in Paragraph 2 below, with the address of 5 Waltham Avenue, Hammond, Indiana, situated in Lake County, which I now or may hereafter own, hold, possess or be or become entitled to sell, mortgage, or pledge, assign, transfer, invest and reinvest the same or any part hereof in forms of investment, including bonds, notes and other obligations of the United States, deemed prudent by him in his discretion, with full power to retain same without liability for loss or depreciation thereof.

2. To make, execute, deliver and endorse notes, drafts, checks and orders for the payment of money or other property from or to me or orders in my name, to refinance, satisfying any land contract or execute any or all documents in connection with transactions involving, directly or indirectly, the following described real property:

The West 2.1 feet of Lot 31 and Lots 32, 33 and the East 10 feet of Lot 34, Block 5, Homewood Addition to the City Hammond, as shown in Plat Book 2, page 29 in the Lake County Indiana.

3. To make, execute and deliver deeds, releases, conveyances, mortgages, refinancing, satisfying any land contract or execute any or all documents of every nature in relation to the above described real property located in Lake County, Indiana, including stocks, bonds, and contracts of indemnity and insurance.

4. I hereby further grant to my said Attorney full power in and concerning the above premises and to do any and all acts as set forth hereinabove as fully as I could do if I were personally present, and I do ratify and confirm any and all acts undertaken by my Attorney pursuant to this Power.

5. This Power of Attorney shall not be affected by my disability (of the principal) except as provided by statute and shall be exercisable from the date of this instrument.

6. This Power of Attorney is subject to revocation at any time in writing by myself and in any event, shall terminate automatically on APRIL 30, 1986.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Tampa, Florida, this 6 day of FEBRUARY, 1986.

Signed, sealed in the presence of:

Victoria L. Page
Betty M. Stevens

DeLores Kay Payne also known as DELORES PAYNE

FILED

MAR 17 1986

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

AUDITOR LAKE COUNTY

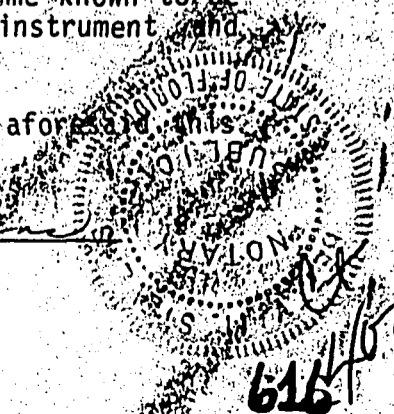
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared DELORES KAY PAYNE, to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that she executed the same.

also known as DELORES PAYNE

WITNESS my hand and official seal in the County and State aforesaid this 6th day of February, 1986.

Betty M. Stevens
Notary Public

My Commission Expires
Notary Public, State of Florida
My Commission Expires Sept. 19, 1988



CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION