845683

9105 Indianapolis Blvd
Suite D.
Hgld, In 46322

Note: Use of this form constitutes practice of law and is limited to practicing lawyers. Form No. 11

POWER OF ATTORNEY

I, Stella Worland, of Lake County, State of Indiana, do hereby designate Don Havlin, of Lake County, State of Indiana, my true and lawful attorney in fact, or agent, to have the following powers:

(Select or add appropriate provision)

to make, draw and indorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

to make and execute any and all contracts;

to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

to represent me in all matters pertaining to the business of any corporation in which I may have any interest;

to receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise or discharge the same;

to bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature;

to execute instruments to effect the transfer of title to any motor vehicle owned by me;

to execute and file tax returns;

to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter;

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and I hereby ratify and confirm all that my said attorney in fact or agent shall do by virtue hereof.

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

(Select or add appropriate provisions)

(A) I have executed and recorded in the Recorder's Office of the county of my domicile a written revocation hereof.

~~(B) xThexxxxxxxxxxdayxofxxxxxxxxxxxxxxxx,19xxxxx~~

~~(C) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~

I further state that:

(Select appropriate provision)

(1) This Power of Attorney shall not be affected by my incompetence.

~~(2) xThisxPowerxofxAttorneyxshallxbecomexeffectivexuponxmyxincompetencex~~

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of March, 19 86.

Signature Stella Worland

Printed Stella Worland

WITNESSED BY X Sally Stafford

STATE OF INDIANA
COUNTY OF Lake } SS:

Before me, a Notary Public in and for said County and State personally appeared Stella Worland, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 5th day of March, 19 86.

My commission expires Feb. 14th 1989

Signature Glenn E. Hamilton

Printed Glenn E. Hamilton

Residing in Lake County

This Instrument was prepared by Kenneth L. Anderson, Attorney at Law

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
MAR 19 9 55 AM '86
RUDOLPH CLAY RECORDER

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