THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A LOUISION 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.

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POWER OF ATTORNEY

OF	
PATRICIA L. ATHERTON	RE(
(GRANTOR)	61 5 1
то	NRD THE
ALBERT R. ATHERTON	MC -
(ATTORNEY-IN-FACT)	25 En
	PATRICIA L. ATHERTON (GRANTOR) TO ALBERT R. ATHERTON

The undersigned hereby nominates, constitutes and appoints Albert R. Atherton

whose address is 8304 West 159th Avenue, Lowell, Indiana 46356 as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

(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:

FILED

AUG 27 1986

AUDITOR LAKE COUNTY

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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Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Miscellaneous Records of _ County, State of Indiana. This Power (shall) (shall not) be affected by my later incompetency. If not revoked -- as -- aforesaid, -- the -- powers -- given -- my -- attorney in fact -- shall -- automatically -- terminate -- on __ ,-and-this-instrument shall-become-null-and-void. Signed this 22nd day of August 3 before the person named below, counterparts, each of which shall be as witness, who has duly witnessed my signing of this instrument in _ considered an original. Counterpart No. -311-40-8296 GRANTOR'S SOCIAL SECURITY NUMBER 8304 West 159th Avenue Lowell, IN 46356 GRANTOR'S ADDRESS WITNESS TO SIGNING BY GRANTOR / Marilyn Kaye Selvage STATE OF INDIANA SS: COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said County and State, this 22nd day of August, 1986, personally appeared the Grantor named above, and acknowledged the execution of the above instrument to be his/her voluntary act and deed, for the uses and purposes therein stated. ESS, WHEREOF, I have hereunto set my hand and official scal the day and year last above written.

The attorney-in-fact represents and warrants that within his knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

Resident Of:

ATTORNEY-IN-FACT Albert R. Atherton

Newton County

This instrument prepared by _____ Thomas K. Hoffman

10/17/88

My Commission Expires:

Attorney at Law.

		yattorney-in-faetshallautomatieallytermi rent shall-bocome-rull-and-void.	natee
(DATE) 22nd			
as witness, who has duly witnessidered an original.	essed my signing of this	instrument in3 counterparts, each of which	shall be
Counterpart No.			
,		Patricia L'atherton	·····
		GRANTOR 'Patricia L. Atherton	
	•	311-40-8296	
		GRANTOR'S SOCIAL SECURITY NUMBER 8304 West 159th Avenue Lowell, IN 46356	!
		GRANTON'S ADDRESS	
Marie) &	e Selvair		
WITNESS TO SIGNING BY GRANTOR	Liwy		
Marilyn Kaye Selvage	•		
STATE OF INDIANA)		
STATE OF INDIANA COUNTY OF LAKE) SS:)		
COUNTY OF LAKE Before me, the undersige August the execution of the above inst	ned, a Notary Public i, 19_86, pe trument to be his/her vol	n and for said County and State, this	wledged stated.
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