

1st Bank of White
5191 W. Lincoln Hwy of
Attn: Kathy

FILED

NOV 4 1988

Anna N. Anton
AUDITOR LAKE COUNTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

006641

DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, GLADYS HANSEN, of 9118 Kennedy Avenue, Highland, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint LEILA GOUBEUX, my daughter, and MARVIN HANSEN, my son, intending that either signature be sufficient, as my true and lawful Attorney-in-Fact for me and in my name, place and stead to do all or any of the following acts:

To sign any check or negotiable instrument made out to me, including Social Security checks, and deposit same in any or all of my bank accounts, and to make withdrawals from said accounts in my name.

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf.

I specifically give my Attorney-in-Fact the power to sell, lease, and/or mortgage my realty, including the right to hire and pay realtors, attorneys and pay all other expenses of sale.

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my absence or infirmity I cannot perform myself, and I specifically exempt him/her from any personal liability so long as he/she shall use that degree of care which a reasonable person would use with his own property.

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than their ordinary legal liability that they would have in dealing directly with me when they deal with said Attorney; and I further agree that upon recovering my health, I shall give personal notice to such bank, banks or financial institutions of the revocation of this Power of Attorney.

I hereby declare that any act or thing lawfully done hereunder by my said Attorney-in-Fact shall be binding upon me and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted.

I give my Attorney-in-Fact the power to provide for my medical and custodial care wherever it may be necessary and to sign the necessary consents and contracts.

I give and grant unto my said Attorney full power to do every act necessary to be done about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

This power of Attorney shall not be affected by the incompetence of the principal. It is my intent that this power endure even if I should become mentally or physically incompetent. It is also my intent that either LEILA GOUBEUX or MARVIN HANSEN act as said Attorney, so that only one (1) signature is sufficient.

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TICOR TITLE INSURANCE
Crown Point, Indiana

LILLIAN A. BLASTICK
RECORDER LAKE COUNTY
CROWN POINT INDIANA 46307

Nov 10 8 59 AM '88

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IN WITNESS WHEREOF, I have hereunto set my hand and seal
this 15th day of April, 1985.

Gladys Hansen
GLADYS HANSEN

306-10-4226
Social Security Number

Before me, the undersigned, a Notary Public in and for said
County and State, personally appeared the within named, GLADYS HANSEN,
who acknowledged the execution of the foregoing Power of Attorney to
be her voluntary act and deed.

WITNESS MY HAND AND SEAL this 15th day of April, 1985.

My Commission Expires: 08-04-87

Evelyn U. Smith Notary Public

Resident of Lake County

This instrument prepared by:

Thomas L. Smith, Attorney at Law
2907 - 43rd St.
P.O. Box 1894
Highland, IN 46322
219/924-0588

