THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONL

093384	POWER OF ATTORNEY			
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A Strategy of the strategy of	OF MARGARET S. CHISHOLM	REC		ED TX
	(GRANTOR)	20 E	50	- 10 K
	LESTER K. SCHOON	7. U. 17.		CAD
	(ATTORNEY-IN-FACT)	6	8	

The undersigned hereby nominates, constitutes and appoints.

1245 Brandywine Road, Crown Point, Indiana 46307 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]

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 time 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 the following safety deposit box: Box No. 295 located at:

and in any and all other safety deposit boxes in my name either individually or jointly with any other person.

- (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 the on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and the 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.
- 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.
- Securities Transactions (a) To purchase or otherwise acquire and 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) Transfer of Interest in Real Estate To sell, convey, lease, grant an option to purchase, or otherwise transfer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and any other document(s) in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in the following described real estate; [Strike (a) or (b).]

Indiana-located in

(a) Any and all real estate in which I now hold, or may hereafter acquire, an interest.	
-{or}-	790
(b) - Only the roal-estate commonly-known as	بالله ٠

-Indiana and legally-described as-follows, to-wit:

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	IN FURTHERANCE	OF THESE POWERS I	give my attorney-in-fact power a	nd authority to do for me and	
	as fully as I could do per also to revoke the powers gi	sonally for myself, reserving iven in this instrument.	pedient to and necessary to effecti unto myself, however, the power in-fact under this instrument shal	r to act on my own behalf and	
	heirs, assigns and legal repro If protective proceeding	esentatives. gs for my person and/or esta	ite shall be commenced, I hereby n		
	Lester K. Scho Lester K. Scho	on on		as Guardian(s) of my person and as Guardian(s) or Conservator(s),	
	The following named b	anks, savings and loan associ	to the full extent permitted by law ations, investment firms, and/or ot ect and unrevoked by me unless be delivered, to such person, firm	her persons, firms or corporations leshall have executed approper.	
		, Institution	Type of Account Checking	Account Number 41-6179-6	,
:	Bank: One Tech Fed Cred	distribution in the state of th	Certificate	0085780 32766	
	Tech Fed. Cred		Savings Certificate	28599	<i>.</i> :
•	and unrevoked by me unle	ess I shall have executed a	this instrument may be delivered proper instrument of revocation kerne in the country, State of	may rely on its being in effects and recorded it, or caused it to findiana.	
	SELECT ONLY ONE OF	THE POLLOWING PROVI	SIONS BY STRIKING ALL INA	PPLICABLE PROVISIONS:	
	it being my intention the Power of Attorney Act	hat this instrument constitut	e a durable power of attorney und	incapacity, nor by lapse of time, ler the Indiana Uniform Durable	
			County Recorder!	(DATE)	•
			tisability or incapacity prior to suc	hidae.	
		disability-or-incapacity.		marically terminate and become	٠.
	Dr This-Power-of -At	torney-shall-automatically-te	rminate and become null and void		
٠	Dr.::This-Power-of-At	torney-shall-automatically-te	rminate and become null and void	(DATE)	• . 
	Dr This-Power-of -At	torney-shall-automatically-te  upon-my-disability-or-incapac  day ofMarch	rminate and become null and void		
	Dr.: This-Power-of-At	torney-shall-automatically-te  upon-my-disability-or-incapac  day ofMarch	erminate and become null and void bity; whichever shall first occur.	five counterparts, each of	
	Dr.::This-Power-of-At-	torney-shall-automatically-te  upon-my-disability-or-incapac  day ofMarch	erminate and become null and void bity; whichever shall first occur.	five counterparts, each of	
	Dr.::This-Power-of-At-	torney-shall-automatically-te  upon-my-disability-or-incapac  day ofMarch	erminate and become null and void bity; whichever shall first occur.	(DATE)	
	Dr.::This-Power-of-At-	torney-shall-automatically-te  upon-my-disability-or-incapac  day ofMarch	erminate and become null and void bity; whichever shall first occur.	five counterparts, each of	
	Dr.::This-Power-of-At-	torney-shall-automatically-te  upon-my-disability-or-incapac  day ofMarch	crminate and become null and void bity; whichever shall first occur.  19 90 , in	five counterparts, each of  **Chisholm**  awrence Street	
	Dr.::This-Power-of-At-	day of March original.	crminate and become null and void bity; whichever shall first occur.  19 90 , in	five counterparts, each of  **Chisholm**  awrence Street	
•	Dr.: This-Power-of-At	torney-shall-automatically-te  upon-my-disability-or-incapac  day ofMarch	crminate and become null and void bity; whichever shall first occur.  19 90 , in	five counterparts, each of  **Chisholm**  awrence Street	
•	Dr.:.This-Power-of-At	day of March n original.  Ss: ) gned, a Notary Public in and 90, personally appeared	Trainate and become null and void bity; whichever shall first occur.  19 90 , in	five counterparts, each of  Leftsfire Chisholm  awrence Street iana 46342  8th day of cknowledged the execution of this	***************************************
	Signed this	day of March n original.  Notary Public in and 90, personally appeared evoluntary act and deed of t	CHANTOR MARGARET SOCIAL SECURITY NUMBER  451 North L  Hobart, Ind.  GRANTOR'S ADDRESS  for said County and State, this —  it the Grantor named above, and ache Grantor, for the uses and purpo	five counterparts, each of  Chisholm  Chisholm  awrence Street iana 46342  Sth day of cknowledged the execution of this sess therein stated.	
	Signed this	day of March n original.  Notary Public in and 90, personally appeared evoluntary act and deed of t	Trainate and become null and void bity; whichever shall first occur.  19 90 , in	five counterparts, each of  Chisholm  Chisholm  awrence Street iana 46342  Sth day of cknowledged the execution of this sess therein stated.	
	Signed this	day of March n original.  Notary Public in and 90, personally appeared evoluntary act and deed of t	GRANTOR Margaret 8.  316-03-5700 GRANTOR SOCIAL SECURITY NUMBER  451 North L.  Hobart, Ind.  GRANTOR'S ADDRESS  I for said County and State, this — I the Grantor named above, and ache Grantor, for the uses and purpor hand and official seal the day and hand h	five counterparts, each of  Chisholm  Chisholm  awrence Street iana 46342  Sth day of cknowledged the execution of this sess therein stated.	
***.*.	Signed this 8th which shall be considered at Counterpart No  STATE OF INDIANA  COUNTY OF LAKE  Before me, the undersity March 19  Power of Attorney to be the IN WITNESS WHER	day of March n original.  Notary Public in and 90, personally appeared evoluntary act and deed of t	GRANTOR SOCIAL SECURITY NUMBER  451 North L  Hobart, Ind. GRANTOR'S ADDRESS  for said County and State, this — if the Grantor named above, and as the Grantor, for the uses and purpor hand and official seal the day and hand official seal the day and hand hand hand hand hand hand hand	five counterparts, each of  Chisholm  awrence Street iana 46342  Sth day of cknowledged the execution of this sess therein stated.  I year last above written.  Brown	
***.*.	Signed this 8th which shall be considered at Counterpart No  STATE OF INDIANA  COUNTY OF LAKE  Before me, the undersignarch 19  Power of Attorney to be the index of	day of March n original.  Notary Public in and 90, personally appeared evoluntary act and deed of t	GRANTOR Margaret 8.  316-03-5700 GRANTOR SOCIAL SECURITY NUMBER  451 North L.  Hobart, Ind.  GRANTOR'S ADDRESS  I for said County and State, this — I the Grantor named above, and ache Grantor, for the uses and purpor hand and official seal the day and hand h	five counterparts, each of  **Chisholm**  Street iana 46342  **Bth day of cknowledged the execution of this best therein stated.  I year last above written.  **Brown**  **Brown**	
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