

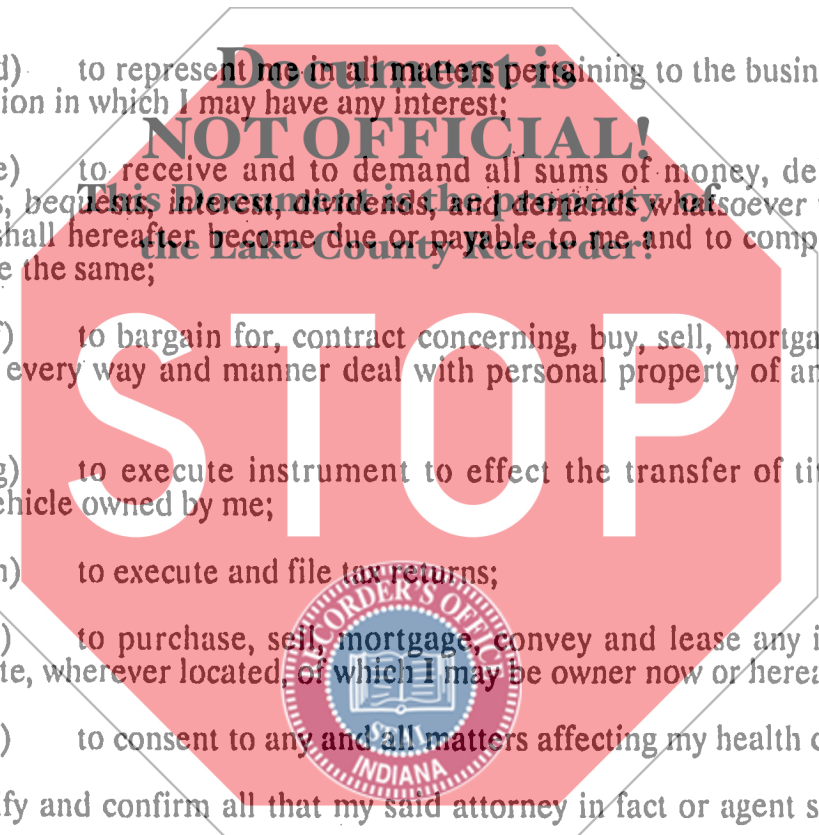
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STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
APR 4 12 23 PM '90
ROBERT "BOB" FREEDLAND
RECORDER

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, MILDRED L. FALKE, of Lake County, State of Indiana, do hereby designate LORENE E. SODO, of Lake County, State of Indiana, as my true and lawful attorney in fact, or agent, to have the following powers:

- (a) to make, draw and endorse 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;
- (b) to make and execute any and all contracts;
- (c) 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;
- (d) to represent me in all matters pertaining to the business of any corporation in which I may have any interest;
- (e) 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;
- (f) 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;
- (g) to execute instrument to effect the transfer of title to any motor vehicle owned by me;
- (h) to execute and file tax returns;
- (i) to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter;
- (j) to consent to any and all matters affecting my health care.



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

I further state that this Power of Attorney shall not be affected by my incompetence.

In witness whereof, I have hereunto set my hand and seal this 29 day of March, 1990.

Mildred L. Falke
MILDRED L. FALKE

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5.

STATE OF INDIANA, COUNTY OF LAKE, SS:

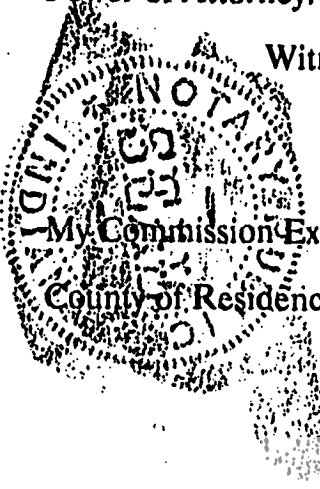
Before me the undersigned, a Notary Public for said county and state, personally appeared **Mildred L. Falke**, and acknowledged the execution of the foregoing Power of Attorney.

Witness my hand and Notarial seal this 29 day of March, 1990.

Edward P. Grimmer
Notary Public **EDWARD P. GRIMMER**

My Commission Expires: 10/29/93

County of Residence of Notary: Lake.



Document is NOT OFFICIAL!
This instrument prepared by Edward P. Grimmer, Attorney at Law
603 North Main Street, Crown Point, IN 46307
This Document is the property of the Lake County Recorder!

