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**POWER OF ATTORNEY** 

OF		
RALPH J. JONES		
(GRANTOR)	<del></del>	
то		
BUCKET PENDLEY	RO P	STA:
(ATTORNEY-IN-FACT)	Ent 5	EE CO
The undersigned hereby nominates, constitutes and appoints Bucket Pendley	06, HV 90 6	E INDIVINALS.S.
whose address is 150 North Main, Crown Point, Indiana 46307	g	<u> </u>
as my true and lawful attorney-in-fact to do and perform for me and in my name the following:	1338	ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ ਨੂੰ
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-(1) Banking and Financial Transactions (a) To open accounts, in my name or on my behalf	inany ba	mk gr
trust company, savings and loan company, insurance company, credit union, or any other banking or sand to deposit into such accounts, or into accounts now existing or hereafter established in my nachecks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to ranot being limited to, checks or drafts issued by the Treasurer of the United States or any other department or agency of the United States Government or by the Treasurer or similar official of other official, bureau, department or agency of any State, municipality or other government body; withdraw or receive from such accounts, all or any part of the balance therein; (b) to make su and to sign such documents as may be required in connection with deposit into any of such acceptables, withdrawals drafts, receipts or other documents as may be required in connection with withdrawal from or receipt of such acceptants, and (d) to have access to and to remove any or all contained or held in the following safety deposit box: Box Nolocated at:	ame, any ne, including official, be and to distance of the country (c) to the country (c)	noney, ng but ureau, or any sburse, ements
(INSTITUTION) (BRANCH)		,
and in any and all other safety deposit boxes in my name either individually or jointly with any other (2) Motor Vehicles — To sell, lease, maintain, insure, license and re-license any motor vehicle wor 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 fix on my behalf income and other tax returns amount determined due; (b) to prepare, execute and fix on my behalf income and other tax returns as my be necessary to negotiate, compromise and set le lax disputes, including appealing determs assessments and taxes due.  (4) Conduct of Business — (a) To manage roy property and to conduct my business affairs, i limited to, leasing, managing and praintaining any real or personal property which I may own; (b) and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in warn interest; and (c) to pay, discharge or compromise any of my debts or other obligations.  (5) Securities Transaction — (a) To purchase or otherwise acquire and to sell or otherwise dispincluding but not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my 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 fer, for such consideration and upon such terms as my attorney-in-fact shall deem adviseble incompositional sale, and also to execute and deliver any deed, sales agreement, lease, contract and if your manage in the following described real estate: (Strike (a) or (b).)	rns and pa tate and pe ax matters inations of neluding be to recover, hich I may ose of, sect, all at such name, in p	y any resonal where value ut not obtain v have urities, i price person trans- ontage
FAPR	4 199	5
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	^	
(b) Only the real estate commonly known as 750 Meadow Lafter 1	M. an	TON
Crown Point		ounty,
Indiana and legally described as follows, to-wit:  Lot 18, Block 5, in Quail Meadows, Unit No. 4,		• •
in the City of Crown Point, as per Plat thereof; Record in Plat Book 66, Page 27, in the Lake		

County Recorder's Office.

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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. If protective proceedings for my person and/or estate shall be commenced, I hereby nominate \_ \_ as Guardian(s) of my person and as Guardian(s) or Conservator(s), as the case may be, of my estate, to serve without bond to the full extent permitted by law. The following named banks, savings and loan associations, investment firms, and/or other persons, firms or corporations listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation: **Holding Institution** Type of Account Account Number All other persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of Lascument Sounty, State of Indiana. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute a durable power of attorney under the Indiana Uniform Durable Power of Attorney Act. the Lake County Recorder! B. This Power of Attorney shall automatically terminate and become null and void on \_ (DATE) , but shall not be affected by my disability or incapacity prior to such date. C. This Power of Attorney shall not be affected by Japse of time, but shall automatically terminate and become null and void upon my disability or incapacity. D. This Power of Attorney shall automatically terminate and become null and void on May 1, 1990 (DATE) or upon my disability or incapacity, whichever shall first occur. M day of counterparts, each of which shall be considered an original. Counterpart No. \_ **GRANTOR'S ADDRESS** STATE OF THE STATE SS: Before me, the undersigned, a Notary Public in and for said County and State, this ... march: 19 90, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated. WITNESS WHEREOF Ishow hereunto set my hand and official seal the day and year last above written. "OFFICIAL SEAL" ROY BRANNAN Rey Drama NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires: \_ Resident Of:

JIM B. BROWN

This instrument prepared by

. Attorney at Law.