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THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, 6372 Y

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.

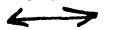


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City of East Chicago, as per plat thereof, recorded in Plat Book 5 page 24, in the office of the Recorder of

Key No. 30-374-6



Lake County, Indiana.

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| IN FURTHERANCE OF THES in my name those things which such at as fully as I could do personally for also to revoke the powers given in this is Any act or thing lawfully done to heirs, assigns and legal representatives. If protective proceedings for my pe | torney deems expedient myself, reserving unto a astrument. by my attorney-in-fact u erson and/or estate shall! | to and necessary to myself, however, the inder this instrumen be commenced. Ther | effectuate the into power to act on at shall be bindin reby nominate | ent of this instrument, my own behalf and g on me and on my |
| | | | as Guardia | n(s) of my person and |
| as the case may be, of my estate, to sery The following named banks, saving listed below may rely on this instruminstrument of revocation and delivered in Holding Institution | s and loan associations, in tent being in effect and | ll extent permitted by nvestment firms, and unrevoked by me (| y law, or other persons, unless 1 shall ha , firm or corporat | e executed/a proper ion: jount Number |
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| A. This Power of Attorney shell it being my intention that this instruction of Attorney Act. | Do by affected by snr. rument constitute a dura re Lake County | Isubspurent disability Recorder: | y of incapacity, a ey under the Andia | or by lance of time |
| B. This Power of Attorney shall- | | | | (DATE) |
| ·C.—This Power of Attorney shall · null-and-void-upon-my disability or | r-incapacity. — | se-of-time,-but-shall | l-automatically-te | rminate and become |
| D.—This-Power-of-Attorney-shall- | automatically-terminate- | and-become null and | d-void on | (DATE) |
| or upon my-disa | ibility-or-incapacity,-which | hever shall-first-occu | 11: | |
| Signed this day of day of which shall be considered an original. | March March | , 19 90 | , in | counterparts, each of |
| Counterpart No1 | R L | OR JUAN ARROY | augus 50 | 5013 |
| | VOINDIAN | in | | , a |
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| | 3911 GRANT | Ivy, East Chi | lcago, IN 4 | 5312 |
| STATE OF INDIANA | | | | |
| county of Indiana ; ss: | | | | |
| Before me, the undersigned, a Notal March 19 90, pers | sonally appeared the Gra | intor named above, a | his | 14 day of the execution of this |
| Power of Attorney to be the voluntary a | ict and deed of the Grant | or, for the uses and p | purposes therein s | tated. |
| IN WITNESS WHEREOF, I have | | od official seal the da | Trav | ove written. |
| | | | | |
| My Commission Expires: 9-20-9 | L Re | sidem Of: | LAKE | County. |
| This instrument prepared by | CARMEN A. FERNAN | DEZ | | , Attorney at Law. |
| And the state of the state of | 7207 Indpls. Blv Hammond, IN 463 219/845-9540 | d. | | , country at Law, |

(7) Other powers specifically designated: