STATE OF INDIANA

COUNTY OF LAKE

ss:

SPECIAL POWER OF ATTORNEY

FILED TO BE RECORDED TO

KNOW ALL MEN BY THESE PRESENTS: That I, JAMES TO SWAN, ROW hereby make, constitute and appoint MARY ANN SWAN my true and lawful attorney, for me and in my name, place and stead, caving and granting unto my said attorney full powers and authority to do and perform the following specific acts:

- (1) To sell any property owned jointly by JAMES T. SWAN and MARY ANN SWAN including but not limited to the 1989 Cadillac automobile presently owned jointly by JAMES T. SWAN and MARY ANN SWAN, and to do all things necessary to be done to accomplish such specific acts as fully, to all intents and purposes, 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 or the substitute of my attorney may lawfully do or cause to be done by virtue hereof.
- estate in Lake County, Indiana owned jointly by JAMES T. SWAN and MARY ANN SWAN including but not limited to the real estate located at 626 Hillside, Dyer, Indiana 46311 and all buildings located on the premises. Said attorney shall have full power and authority to sign all legal documents and other papers, to record those instruments and the premise could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or the substitute or my attorney may lawfully do or cause to be done by virtue hereof. A photocopy hereof shall be deemed an original for all purposes whatsoever.

This Special Power of Attorney shall not be affected by my disability. It is my wish and intent that the authority conferred by me upon my attorney through this Special Power of Attorney should be exercisable notwithstanding my disability, my incapacity, a subsequent disability or incapacity or uncertainty as to whether I am dead or alive. All acts done by my attorney-in-fact or agent pursuant to this Special Power of Attorney during any period of disability or incompetence or uncertainty as to whether I am dead or alive shall have the same effect and shall bind my helps, legatees, devisees and personal representatives as if I were alive, competent and not disabled.

IN WITNESS WHEREOF, I hereunto set my hand this 9 TH day of Cypine, 1990.

Witnesses:

Elaine Garnary

James T. SWAN

John Maksimovah

FILED

4PF 10 1990

Anny R. Rather

6.50

000658

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal, the day and year above written.

John Maksimovich

, NOTARY PUBLIC LAKE COUNTY, INDIANA

My Commission Expires: 7-5-90

