

Kenneth Manning

200 MONTICELLO DR. DYER 46311

FILED

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

APR 16 1990

095456

POWER OF ATTORNEY

Ann R. Carter
CLERK LAKE COUNTY

KNOW ALL MEN BY THESE PRESENTS, that I, BERTHA M. BOHNEY, of Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint my brother, VICTOR BOHNEY, of Schererville, Indiana, as my true and lawful Attorney-in-Fact, for me and in my name, place and stead to do all or any of the following acts:

To place documents of property or remove same from any deposit box I may have;

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name;

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

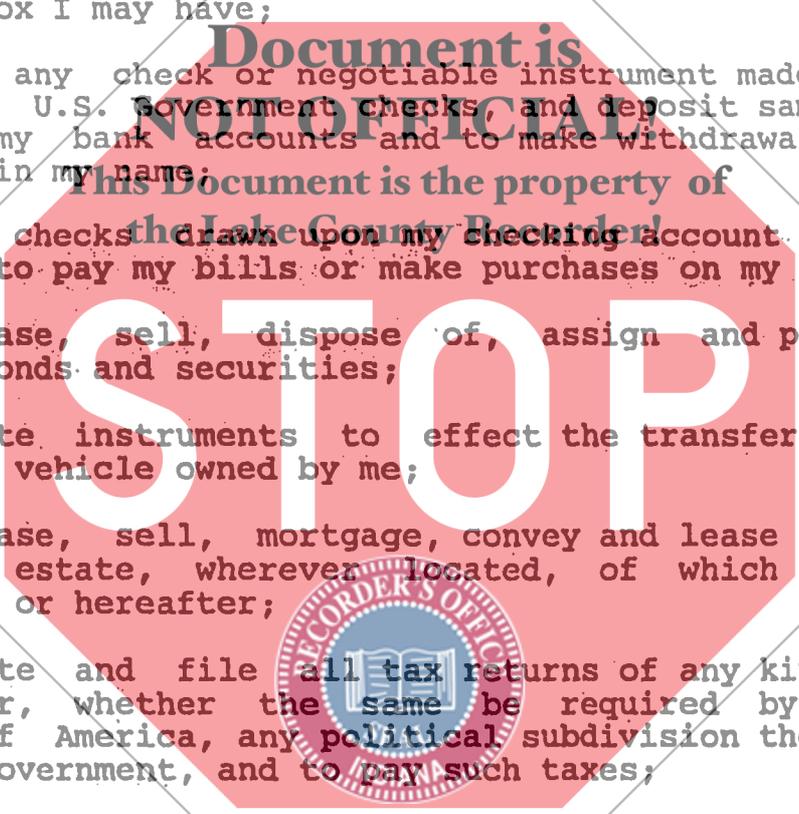
To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter;

To execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to pay such taxes;

To do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my health and general welfare, as well as to make any and all decisions necessary to provide for any form of medical treatment for my health and general welfare, including herewith all the power to act for me, as my health care representative, as is granted in I.C. 16-8-12, with the same force and effect as though I were personally present and acting for myself; and I hereby ratify and confirm all that my said Attorney-in-Fact shall do by virtue hereof;

To consent to such medical examination, medical procedure and medical treatment as, in the sole judgment of my Attorney-in-Fact, appears beneficial to me and to withhold consent to any medical examination, medical procedures or medical treatment which, in the sole judgment of my Attorney-in-Fact, is not beneficial to me;

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt him from any personal liability so long as he shall use that degree of care which reasonable people would use with their own property;



STATE OF INDIANA S. NO. 11111
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ROBERT H. BOYD
CLERK

Re # 13-33-3
Schererville Rt 5 #23

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I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than their ordinary legal liability when dealing directly with me; and,

I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted.

Giving and granting unto my said Attorney full power to do every act necessary to be done as fully 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 shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this, the 24 day of February, 1990.

WITNESSES:

Kathleen B. Blaw
Dave W. Christoph



Her (X) Mark
BERTHA M. BOHNEY

Before me, a Notary Public, in and for said County and State, personally appeared, BERTHA M. BOHNEY, and acknowledged the execution by her mark (X) of the foregoing Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the Attorney-in-Fact as the Grantor's health care representative as authorized by I.C. 16-8-12.

Witness my hand and Notarial Seal this 24th day of February, 1990.

Karen A. Johnson
Karen A. Johnson Notary Public
Resident of Ellettsville County

My Commission Expires:
May 7, 1993

THIS INSTRUMENT PREPARED BY:

John F. Hilbrich
HILBRICH, CUNNINGHAM & SCHWERD
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Highland, Indiana 46322
PH: (219) 924-2427

a-309-16-8230