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DURABLE POWER OF ATTORNEY

I, MARIE E. GAUGLITZ, of Lake County, Indiana, do hereby make and appoint my daughter, MARY JANE WISEMAN, of Lake County, Indiana, as my true and lawful attorney in fact, for me and in my name and stead, to deposit in or withdraw from all bank accounts standing in my name, individually or jointly, as Guardian or as Trustee or in any other fiduciary capacity; to endorse and cash any checks or other obligations payable to me; to make and execute any and all contracts; to sell and assign notes, bonds and other securities; to receive and to demand all sums of money and demands whatsoever, as are now or shall hereafter become due, payable or belonging to me; to compromise the same; to execute instruments to effect the transfer of title to any motor vehicle owned by me, to sell, mortgage, convey and lease any interest in real estate or personal property, wherever located, of which I may be the owner or in which I have an interest, now or hereafter; to execute all instruments necessary in furtherance thereof; I grant to my said attorney, free access to any safe deposit box I may have in any financial institution and to sign any instruments, necessary to gain admission thereto; to arrange for and pay my medical, hospital and nursing expenses, including admission to hospitals and nursing homes, to consent or to reject medical treatment if I am unable to do so, and to make application for insurance and health benefits related thereto; and generally to transact any and all business for me of any kind whatsoever necessary or proper to be done in all matters affecting my business or myself; provided, however, the authority of my attorney-in-fact shall not extend to the revocation or amendment of any trust created by me; the singular shall include the plural and vice versa.

For the purposes aforesaid, I hereby ratify and confirm all acts that my attorney may do by virtue of this Power of Attorney and shall not be affected by my subsequent disability or incapacity.

Reproduction of this executed original with reproduced signatures and certificate of acknowledgement shall be deemed to be original counterparts of this Power of Attorney.

Specimen signature of attorney-in-fact



Mary Jane Wiseman
 Mary Jane Wiseman

IN WITNESS WHEREOF, I have hereunto set my hand this 11th day of April, 1990, and I hereby certify to the correctness of the above specimen signature of my Attorney-in-Fact.

Marie E. Gauglitz
 Marie E. Gauglitz

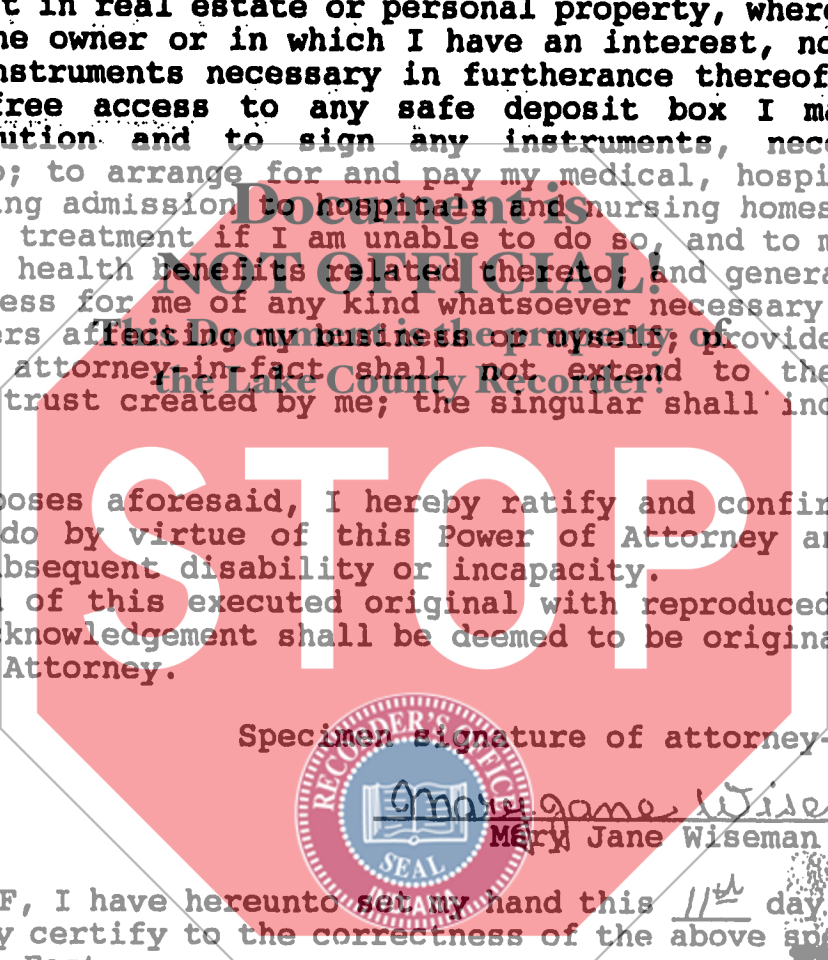
STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Before me a Notary Public in and for said County and State personally appeared the above named Marie E. Gauglitz who acknowledged the execution of the above and foregoing Power of Attorney.

Witness my hand and seal this 11th day of April, 1990.

My Commission Expires: 12-6-93 *Bernadine Gonzalez*
 Residing in Lake County, Ind.

Prepared by: Michael W. Bosch, 7150 Indianapolis Blvd., Hammond, IN 46324



FILED
 APR 16 1990
 NOTARY PUBLIC
 LAKE COUNTY INDIANA
 Carol M. Anton

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