THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, filling in blank spaces, striking out provisions and insertion of special clauses, constitutes the practice of LAW and May only

106334

POWER OF ATTORNEY

OF

Virginia R. Smith a/ka Virginia Smith

TO

Carol E. Kozanda (ATTORNEY-IN-FACT)

The undersigned hereby nominates, constitutes and appoints _Carol E. Kozanda, her daughter.

7918 Frederick Avenue, Munster, Indiana as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

[Strike any paragraph not applicable]

(1) Banking and Financial Transactions — (a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to, checks or drafts issued by the freasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any state, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) to make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) to sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) to have access to and to remove any or alloof my property contained or held in the following safety deposit box: Box No.

Savings & Citizens Fed. (INSTITUTION)

707 Ridge Road, Munster

and in any and all other safety deposit boxes in my name either individually or jointly with any other person,

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(2) Motor Vehicles - To sell, lease, maintain, insure, license and re-license any motor vehicle which I may own or 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 life on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my schalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.
- (4) Conduct of Business (a) To manage my property and to conduct my business affairs, including but not limited to, leasing, managing and maintaining any real or personal property which I may own; (b) to recover, obtain and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in which I may have an interest; and (c) to pay, discharge or compromise any of my debts or other obligations.
- (5) Securities Transactions (a) To purchase or otherwise acquire and to sell or otherwise dispose of, securities including but not limited to, stocks, bonds; notes, and other securities or evidences of ind and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in 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 19 Nother wind answer of the convey of the conve fer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and any other documents in such manner and form as may be necessary or required for my attorney-in-fact to my interest in the following described real estate: [Strike (a) or (b).]
 - (a) Any and all real estate in which I now hold, or may hereafter acquire, an interest.

	——————————————————————————————————————	-Only	the real estate comm	only known as	·	
	(0)			,,		
	•	1		, Indiana located in		County.
• • •			·	, manana manana m	•	County,

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dergreen Ok. St 39 Bly

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#33-219-39

IN FURTHERANCE OF THESE POWERS I give in my name those things which such attorney deems exped		
as fully as I could do personally for myself, reserving un		
also to revoke the powers given in this instrument. Any act or thing lawfully done by my attorney-in-fi heirs, assigns and legal representatives.	act under this instrument shall	be binding on me and on my
If protective proceedings for my person and/or estate s	hall be commenced, I hereby no	ominate
		as Guardian(s) of my person and as Guardian(s) & Sassance (s);
as the case may be, of my estate, to serve without bond to t		
The following named banks, savings and loan association listed below may rely on this instrument being in effect		
in a manual of manual and additioned is an annual is an in-	delivered, to such person, firm	or corporation:
Holding Institution	Type of Account	Account Number
		<u> </u>
All other persons, firms and corporations to whom this and unrevoked by me unless I shall have executed a probe recorded, in the Office of the Recorder of OCUL	oper instrument of revocation	and recorded it, or caused it to
SELECT ONLY ONE OF THE FOLLOWING PROVISION	ONS RV STRIKANG AND INA	PPI ICARLE PROVISIONS:
A. This Power of Attorney shall not be affected b	y my subsequent disability or	incapacity, nor by lapse of time,
it being my intention that this instrument constitute a Power of Attorney Act. the Lake Cou		ler the Indiana Uniform Durable
B. This Power of Attorney shall automatically term		on
but shall not be affected by my dis-		(DATE)
C. This Power of Attorney shall not be affected be null and void upon my disability or incapacity.	y lapse of time, but shall auto	matically terminate and become
D. This Power of: Attorney shall automatically term	inate and become null and void	On (DATE)
or upon my disability or incapacity	, whichever shall first occur.	
Signed this 23'rd day of May	, 19 <u>90</u> , in _	i counterparts with his
which shall be considered are original the original	LR'S	- counterparts, remarks
1.		
Counterpart No.		
	Jusene	Romele
Ton, M	DIANA MININI Propinia R.	Smith a/k/a Virginia Smith
	343-16-5631	· •
	GRANTOR'S SOCIAL SECURITY NUMBER	
	7552 Beech A	ve., Hammond, Ind. 46324
	GRANTOR'S ADDRESS	
STATE OF INDIANA		
19661 × [MIII]) se:		•
COUNTY OF LAKE		
Before met the undersigned, a Notary Public in and for the May, 1999, personally appeared to Power of Attorney to be the voluntary act and deed of the	or said County and State, this -	day of
Mayne, 1990, personally appeared t	he Grantor named above, and a	cknowledged the execution of this
Power of Attorney to be the voluntary act and deed of the	Grantor, for the uses and purpo	oses therein stated.
IN WITNESS WHEREOF, I have hereunto set my h	and and official stal the day and	d vear last above written:
IN WITH 200 WITE MOOR THAT I MAN TO THE MOOR THE	1 10	~ 100
•	Hom	21) < W/W =
	NOTARY PUBLIC Timothy F	. Kelly
30 3003		Lake
My Commission Expires: May 19, 1993	Resident Of:	County.
I ow Milicae of Tim	othy F. Kelly and Associates	
This instrument prepared by	Olumbia Avenue	, Attorney at Law.
Numerical States	Suite 2A r. Indiana 46321	