

DURABLE POWER-OF-ATTORNEY

Joni Sanchez
1487 Ohio Ave
Wtg. Box
46394

106603

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KNOW ALL MEN BY THESE PRESENTS: That:

The undersigned, GARNETT ENGLE, residing in Cedar Lake, Indiana, do hereby nominate and appoint my niece, JONI SANCHEZ, as my Attorney-In-Fact, for me and in my name and stead to do each and all of the following acts and things:

(a) For me and in my name to sign my name to all of my Social Security Checks, Dividend Checks, Interest checks, Pension Checks, and any other checks payable to me.

(b) To open, close, continue and control all accounts and deposits in any type of financial institution (which term includes, without limitation, Banks, Trust Companies, Thrift Institutions, Credit Unions, and Brokerage Firms); deposit in and withdraw from and write checks on any financial institution account or deposit; and, in general, exercise all powers with respect to financial institution transactions which I could do, if present and under no disability.

(c) To pay my ordinary household expenses, to pay my medical nursing, hospital, convalescent and other health care and treatment expenses, including permission for admission to hospitals and consent to treatment, and to make applications for insurance benefits related to such health care and treatment.

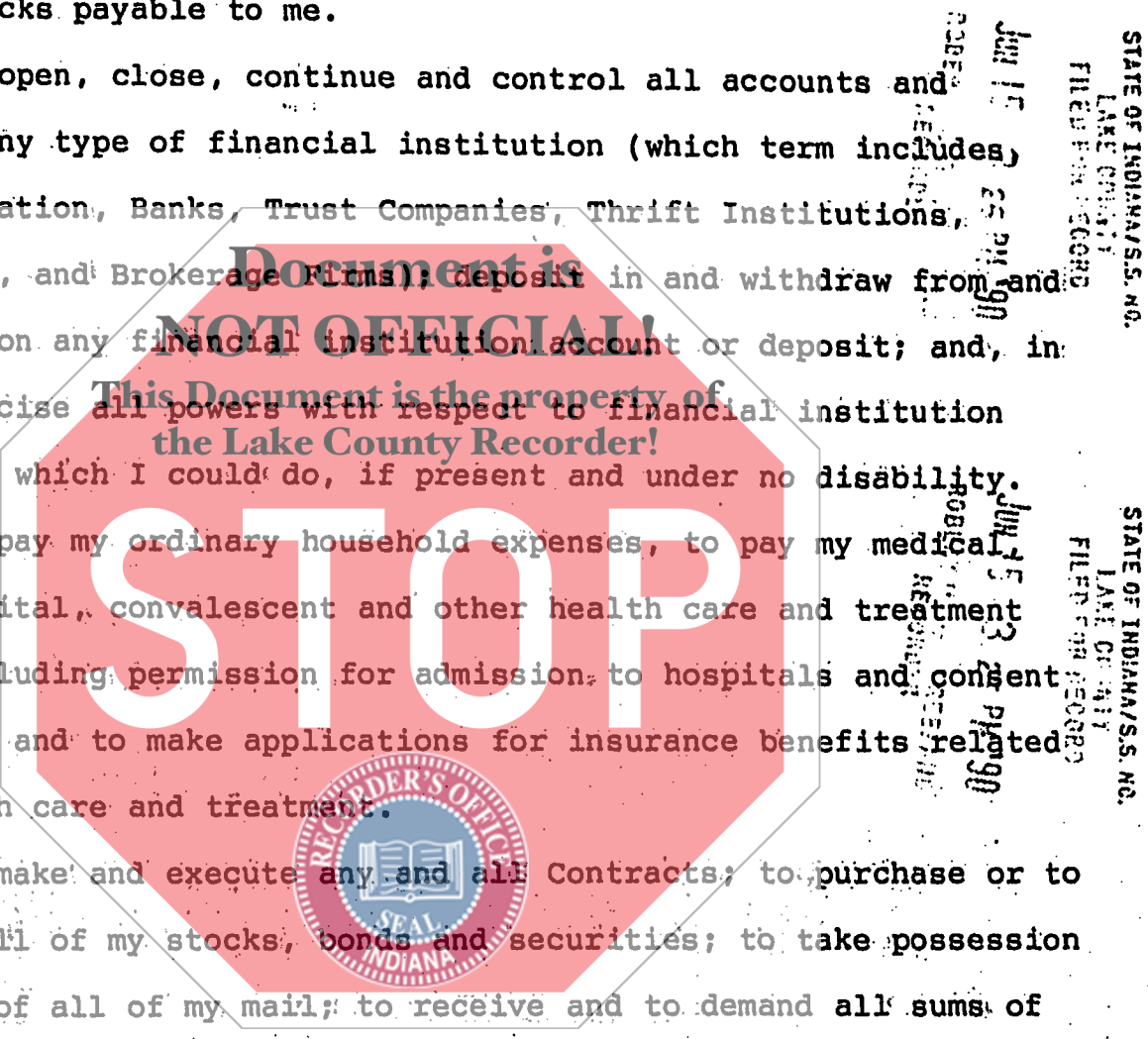
(d) To make and execute any and all Contracts; to purchase or to sell any or all of my stocks, bonds and securities; to take possession and delivery of all of my mail; to receive and to demand all sums of money which are now or shall hereafter become due or payable to me; to bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature; to enter or open my safety deposit box, and the power to buy, sell, rent or lease my real estate located at 12505 Wicker Avenue, Cedar Lake, Indiana; to collect rent, sale proceeds and earnings from said real estate; convey title to real estate, and in general, exercise all powers with respect to real estate which I could do if present and under no disability.

(e) For me in my name to deposit any and all sums of money collected and received in my name into any bank, in her name, and to

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Don R. Carter
CLERK LAKE COUNTY

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withdraw same as she shall think fit in the payment of any debts payable by me or any taxes, assessments and any other expenses due and payable or to become due and payable, for the benefit of my support.

(f) To sign my name to all documents necessary to obtain any medical or hospitalization information and records, or to release such information to any lawful agent or authority for any purpose that my said Attorney may deem necessary, including permission to perform medical procedures for my benefit.

(g) To execute and file all of my individual tax returns, both state and federal, and to file amended income tax returns on my behalf and to pay all of my taxes, including any interest or penalties due thereon.

I hereby give and grant unto my said Attorney, full power and authority to do and perform all and every act and thing whatsoever which may be necessary, convenient, or proper to be done to effectuate the powers herein granted as fully as I could do if personally present, hereby ratifying and confirming all that my said Attorney shall lawfully do, for cause to be shown, by virtue hereof.

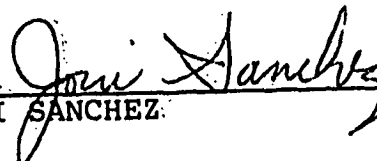
Each person, partnership, corporation or other legal entity relying or acting upon this Power-Of-Attorney, shall be entitled to presume conclusively that this Power-Of-Attorney is in full force and effect, unless written notice shall have been given by me to such person, partnership, corporation or other legal entity that this power has been revoked.

This Power-Of-Attorney shall not be affected by the incompetence of the undersigned and the authority conferred herein shall be exercisable by my attorney in fact notwithstanding my incompetence or any uncertainty as to whether I am dead or alive. All acts done by my attorney in fact pursuant to this Power-of-Attorney during any period of incompetence or uncertainty as to whether I am dead or alive, whichever the case may be, shall have the same effect and inure to the benefit of and bind me, my heirs and personal representatives as if I were alive and competent.

The powers herein granted may be terminated upon written notice delivered by me to my said attorney, whereupon said attorney shall forthwith deliver over to me all property of every kind and character taken into his possession pursuant to the powers herein granted.

Reproductions of this executed, original (with reproduced signatures and the certification of acknowledgement) shall be deemed to be original counterparts of this Power-Of-Attorney.

Specimen signature of my Attorney:


JONI SANCHEZ

I certify to the correctness of the signature of my Attorney and I execute this Power-Of-Attorney on this 4th day of August, 1989.


GARNETT ENGLE

GARNETT ENGLE

MARK

WITNESSES TO MARK
Randolph M Zajac
William E. Zajac

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

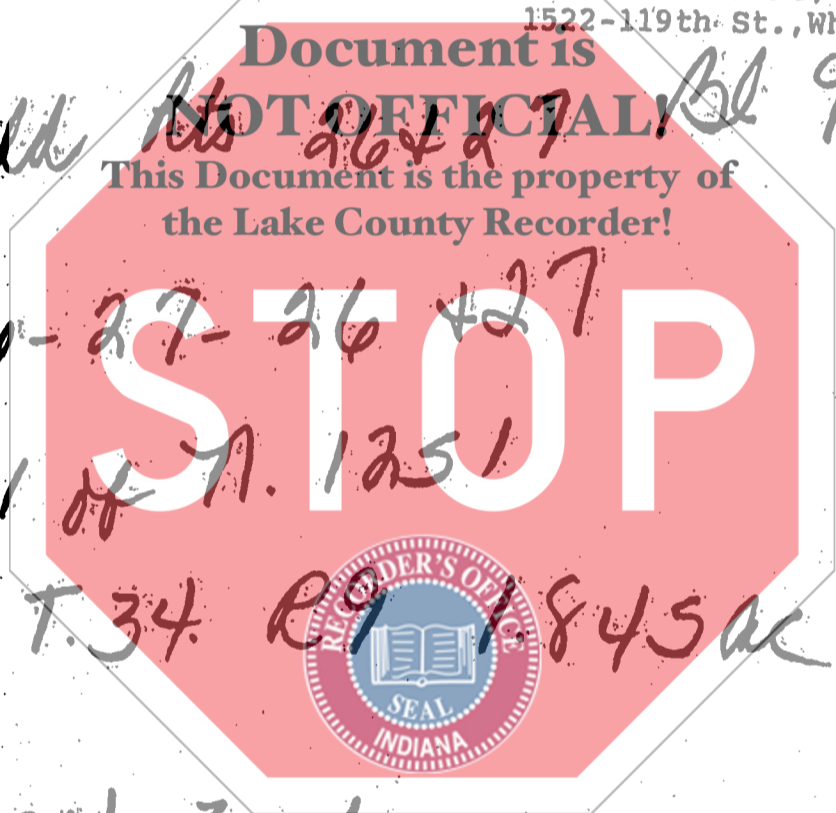
Personally appeared Garnett Engle before the undersigned, a Notary Public, within and for County and State, to me known and known to me to be the person who executed the foregoing Power-Of-Attorney, and that he signed the above as her own free and voluntary act and deed.

Witness my hand and seal this 4th day of August, 1989.

Rudolph M. Zajac
Notary Public

My Commission Expires:
Jan 21, 1993

THIS INSTRUMENT PREPARED BY: ATTORNEY RUDOLPH M. ZAJAC,
1522-119th St., Whiting, IN 46394



Sheffield *As 26 + 27* *Bl 9*

36-27-26 + 27

W. 6901 of A. 1251

S. 21 T. 34 R. 9 S. 1845 ac.

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