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 BE DONE BY'A LAWYER.

COMMUNITY TITLE CO. 421 W. 81st Avenue Merrillville, IN 46410

140099

POWER OF ATTORNEY

OF			
JOAN_KRYSPIN (GRANTOR)			
(GRANIOH) TÖ	io. 20 -		•
10	208Et	F	4
WILLIAM H. TOBIN	i.i.	ĵ	
(ATTORNEY-IN-FACT)	30 111 :		
		. 3	• .
The undersigned hereby nominates, constitutes and appoints William. H. Tobin		_3_	
nose address is 5261 Hohman Avenue, Hammond, Indiana 46320	•	Ho	70
my true and lawful attorney-in-fact to do and perform for me and in my name the following:	1.	99	
[Strike any paragraph not applicable]:	•,		
(1) Banking and Financial Transactions—(a) To open-accounts, in my name or on my behavious company, savings and loan company, insurance company, credit union, or any other banking of and to deposit into such accounts, or into accounts now existing or hereafter established in my checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to not being limited to, checks or drafts issued by the Treasurer of the United States or any other agency of the United States Government or by the Treasurer or similar officialise other official, bureau, department or agency of any State, municipality or other government box withdraw or receive from such accounts, all or any part of the balance therein; (b) to make and to sign such documents as may be required in connection with denosit into the or such a checks, withdrawals, drafts; receipts or other documents as may be required in connection withdrawal from or receipt of such accounts, and (d) to have access to and to remove any or contained or held in the following safety deposit box: Box Nolocated at:	or saving name, in her office of any s dy; and such en accounts ith disb	s institution of the control of the	ition, ioney, g but ireau, or any burse, ments o sign
			,
(INSTITUTION): (BRANCH)			·
(ADD)			1
and in any and all other safety deposit boxes in my name either individually or jointly with any oth	er perso	n.	
(2) Motor Vehicles — To sell, lease, maintain, invare, license and re-license any motor vehicle	which	Il 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 the compy behalf income and other tax reamount determined due; (b) to prepare, execute and the on my behalf documents pertaining to real property taxes, assessments, and applications for exemptions and (c) to act one my behalf in its may be necessary to negotiate compromise and settle-tax disputes, including appealing determined.	l'estate a tax ma	and per atters	rsonal where
assessments and taxes due: (4) Conduct of Business— (a) To manage new property and to conduct my business affairs limited to, leasing, managing and maintaining any teal of personal property which I may own; (to and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in an interest; and (c) to pay, discharge or compromise any of my debts or other obligations. (5) Securities Transactions— (a) To manage new property and to conduct my business affairs	b) to rec *which*	cover, o I*may	btain have
including but not limited to; stocks, bonds, notes, and other securities or evidences of indebted and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in note by proxy; and (c) to receive dividends and other distributions on such securities.	ess. all a ny nam	at such e, in p	price
(6) Transfer of Interest in Real Estate — To sell, convey, lease, grant an option to purchase, fer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, if or conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and are in such manners and form as may be necessary or required for my attorney-in-fact to transfer my interest in the following described real estate: [Strike (a) or (b).]	includin ny other	g a co docun	ntraci ient(s)

(a) Any and all real estate in which I:now hold, or may hereafter acquire, an interest. [or]! (b) Only the real estate commonly known as . Hobart ., Indiana located in _

Indiana and legally described as follows, to-wit:

SEE COMMUNITY TITLE COMPANY COMMITMENT NO. 1 3196

DEC 14 1990.

auguston LANE COUNTY

00618 40°

6 12 130

in my name those things which as fully as I could do person also to revoke the powers given Any act or thing lawfull heirs, assigns and legal represen	ally for myself, reserving un in this instrument: y done by my attorney-in-fintatives.	lient to and necessary nto myself, however, act under this instru	to effectuate the inte the power to act on ment shall be binding	nt of this instrument, my own behalf and g on me and on my
	or my person and/or estate s		as Guardiar	n(s) of my person and
as the case may be, of my estat	e, to serve without bond to the state of the savings and loan association instrument being inseffect belivered it, or caused it to be stitution	he full extent permitte ons, investment firms, a and unrevoked by a delivered, to such per Type of Accou	as Guardian as duardian as duardian as duardian and/or other persons, ne unless 1 shall have son, firm or corporation	(s) or Conservator(s), t firms or corporations re executed as proper ion: rount Number
All other persons, firms and and unrevoked by me unless be recorded, in the Office of the	I shall have executed a pro-	oper instrüment of re	vocation and record	on its being in effected it, or caused it to
it being my intention that	E FOLLOWING PROVISION THE Lake Coney shall automatically termines and the constitute of the Lake Coney shall automatically termines and the Lake Coney shall automatically termines and the Lake Coney shall automatically termines and the Lake Coney shall automatically termines are shall automatically termines.	yamy subsequent disa dusable power of atta	bility-or incapacity, i	nor by lapse of time, ma Uniform Durable
, but:sha	ill not be affected by my disa	bility or incapacity pr	ior to such date.	
null and void upon my dis	ney chall not be affected by sability or incapacity.	y lapse of time, but	shall automatically -te	Finning and Jesome.
	ney shall automatically termi			(DATE)
, , ,	n my disability or inenpileity; day of December riginal.	1990		counterparts, each of
		WINDS VYUND 314-46-0088 3RANTOR'S SOCIAL SECURI	TY NUMBER	Joan B. Krypp
		215 West Green GRANTOR'S ADDRESS	wood, Crown Po	int, Indiana 46307
STATE OF INDIANA	•			
COUNTY OF LAKE) SS:			3
Before me, the undersigne	d a Notary, Public intand for	said County and Sta	te, this 5th	day of
Power of Attorney to be the vo	, personany appeared in	c Grantor manned abo	ve, and acknowledged	the execution of this
·				
IN-WITNESS WHEREO	F, I have hereunto set my ha	nd and official seal the	e day and year last ab	ove written.
		NOTARY PUBLIC LISA A	A. MILLER	lev
My Commission Expires:	5-24-94	Resident Of:	Lake	County.
This instrument prepared by _	RUMAN, CLEMENTS & 5261 Hohman Avenue		Lana 46320	, Attorney at: Law.