

Paula Murphy Costanza Cappy
8585 Bridway - Merrillville, IN 46410
Form No. 11

9100S061 POWER OF ATTORNEY

I, William M. Moran, of Lake County, State of Indiana, do hereby designate Mary C. Moran, of Lake County, State of _____, my true and lawful attorney in fact, or agent, to have the following powers:

- (Select or add appropriate provision)
- to make, draw and indorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;
 - to make and execute any and all contracts;
 - to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;
 - to represent me in all matters pertaining to the business of any corporation in which I may have any interest;
 - to receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise or discharge the same;
 - 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 execute instruments to effect the transfer of title to any motor vehicle owned by me;
 - to execute and file tax returns;
 - to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter;

Regency Park Townhouses Phase 1, parcel 20-5 (Apartment 5 Building 20) (Old Airport Addition Part of Lot 1)

Commonly known as: 369 East 59th Place
Merrillville, IN 46410

and I hereby ratify and confirm all that my said attorney in fact or agent shall do by virtue hereof. I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

- (Select or add appropriate provisions)
- (A) I have executed and recorded in the Recorder's Office of the county of my domicile _____ revocation hereof.
 - (B) The _____ day of _____, 19____
 - (C) _____

I further state that:

- (Select appropriate provision)
- (1) This Power of Attorney shall not be affected by my incompetence.
 - (2) This Power of Attorney shall become effective upon my incompetence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of January, 1991.

Signature William M. Moran
Printed William M. Moran

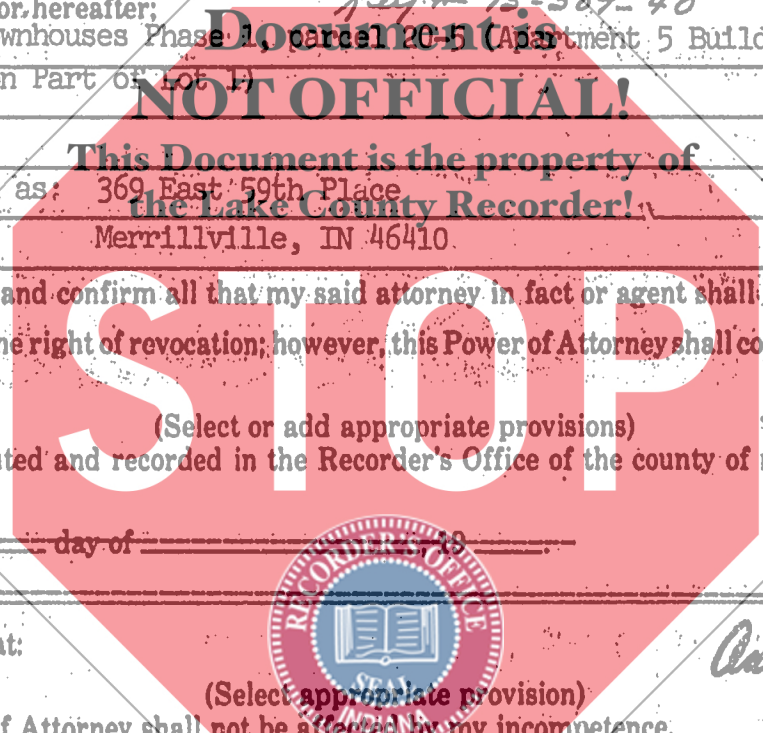
STATE OF INDIANA }
COUNTY OF LAKE } SS:

Before me, a Notary Public in and for said County and State personally appeared William M. Moran, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 15 day of January, 1991.
My commission expires June 7, 1992

Signature Kathryn D. Schmidt
Printed Kathryn D. Schmidt
Residing in Lake County

This instrument was prepared by Kathryn D. Schmidt, Attorney at Law



STATE OF INDIANA
LAKE COUNTY
FILED FOR REC
FEB 27 1991
FEB 22 1991
CANDY N. CARTER
NOTARY LAKE COUNTY

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