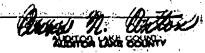
93022467-

## POWER OF ATTORNEY

OF



STANFIELD

| The undersigned hereby norminates, constitutes and appoints was a constitute and appoints | / 11111 111111111111111111111111111111 |
|---|--|
|   |  |
| ose address is 10.6 West 11th, Hobart, Indiana 46342                                      |  |
| my true and lawful attorney-in-fact to do and perform for me and in my name the follow    | wing:                                  |

[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, cliecks, 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 Treasurer 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 of 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 vinto kny 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 all of my property contained or held in the following safety deposit box: Box No.

(INSTITUTION)

and in any and all other safety deposit boxes in my name either individually or jointly with any other person. (2) Motor Vehicles — To sell, lease, maintain, insure, license and re-license any motor vehicle which 1 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 fields for behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my behalf 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 indebtedness, all at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in person 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, or otherwise transfer, 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 document(s) in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in the following described real estate: [Strike (a) or (b).]

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| 10  | 23   X                                   | יות גוווגונת שנומות ואראוות אור  | OK ROBOOKERWANAPA ROBOROWA WOODRING          | ~   |
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| (b)  | Only the real estate commonly known as | [or]<br>4812 | W. 25th. | Avenue, | Gary, IN | 46406 |
|------|--|--------------|----------|---------|----------|-------|
| <br> | Indiana                                | located in   |          | Lake    | County.  |       |

× 49- 374-15 Indiana and legally described as follows, to-wit: Lot Fifteen (15), Block Three (3), Cure's Grove Farm, being a subdivision of part of the S.E. &, N.E. & of Section. 13, Township 36 North, Range 9 West of the 2nd P.M.; in Lake County, Indiana, and Lot Number Sixteen (16), in Block Number Three (3), as marked and laid down on the recorded plat of Cure's Grove Farm, in Lake County, Indiana, as the same appears of record in Plat Book 25, page 26, in the Recorder's Office of Lake County, Indiana. 01537 800°

|    | hospitals, nursing homes, or oth care decisions, reviewing medical IN FURTHERANCE OF THESE POWERS light in my name those things which such attorney deems expe   | ner health care fac<br>al records, and mak<br>/c my attorney-in-fact power a   | ing anatomical gifts.   |
|----|--|--|---|
| i  | as fully as lecould do personally for myself, reserving unalso to revoke the powers given in this instrument.  Any act or thing lawfully done by my attorney-inheirs, assigns and legal representatives.  If protective proceedings for my person and/or estate  | nto myself, however, the power   | to action my own behalf and be binding on me and on my  |
|    | William E. Si  |  | as Guardian(s) of my person and   |
| 1  | as the case may be, of my estate, to serve without bond to The following named banks, savings and loan associati listed below may rely on this instrument being in effect instrument of revocation and delivered it, or caused it to be Holding Institution  | the full extent permitted by law.<br>ons, investment firms, and/or other<br>and unrevoked by me unless   | I shall have executed a proper  |
|    |  |  |   |
| •  |  |  | ***   |
| •  | Andrew Committee Com   |  |   |
| ,  | 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   | oper instrument of revocation  | and recorded it, or caused it to  |
| ,  | A. This Power of Attorney shall not be affected to the being my intention that this instrument constitute a Power of Attorney Act.  **EXXXIVERATE OF THE FOLLOWING PROVISION IN THE LAKE CONSTITUTE OF THE LAK | by my subsequent disability or a durable power of attorney und unty Recorder!  | ncapacity, nor by lapse of time,<br>er the Indiana Uniform Durable                              |
|    |  | OPERATION SOLETAND SO | XMAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |
|    |  |  | XXXX  |
|    | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | XXXXX,  |
|    | Signed this 22 nd day of April which shall be considered an original.  |  | Two counterparts, each of   |
| ,  | Signed this 22 nd day of April   | 19 91 in   | Two counterparts, each of   |
| ,  | Signed this 22nd day of April d |  | Two counterparts, each of   |
| ,  | Signed this 22nd day of April d | GRANIOF The Ima Stanf  | Two counterparts, each of   |
| .5 | Signed this 22nd day of which shall be considered an original.  Counterpart No. One (1)  | GRANIOF The Ima Stanf  | Two counterparts, each of igld  |
|    | Signed this 22nd day of which shall be considered an original.  Counterpart No. One (1)  | GRANIOF The Ima Stanf  | Two counterparts, each of igld  |
|    | Signed this 22nd day of which shall be considered an original.  Counterpart No. One (1)  | GRANTOR'S SOCIAL SECURITY NUMBER  4812 W. 25th. Aver GRANTOR'S ADDRESS  or said County and State, this 4 the Grantor named above, and according to this document.  | counterparts, each of the counterparts and day of the counterparts are day of the counterparts. |
|    | Signed this 22nd day of which shall be considered an original.  Counterpart No. One (1)  STATE OF INDIANA  ) SS:  COUNTY OF  Before me, the undersigned, a Notary Public in and for personally appeared the signing of t | GRANTOR'S SOCIAL SECURITY NUMBER  4812 W. 25th. Aver GRANTOR'S ADDRESS  or said County and State, this 4 the Grantor named above, and according to this document.  | counterparts, each of the counterparts and day of the counterparts are day of the counterparts. |