

(7) Other powers specifically designated: This appointment shall not be affected by my subsequent disability or incapacity or by lapse of time. I appoint KURT M. KRALL, 713 Midwest, Oakbrook, Illinois, as my health care representative who is authorized to act for me in all matters of health care in accordance with IC 16-8-12 et seq., including but not limited to arranging for the services of doctors, nurses, hospitals, nursing homes, or other health care facilities, making all health care decisions, reviewing medical records, and making anatomical gifts.

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

If protective proceedings for my person and/or estate shall be commenced, I hereby nominate KURT M. KRALL

as Guardian(s) of my person and

KURT M. KRALL

as Guardian(s) or Conservator(s),

as the case may be, of my estate, to serve without bond to the full extent permitted by law.

The following named banks, savings and loan associations, investment firms, and/or other persons, firms or corporations listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation:

Gainer	Holding Institution	Type of Account	Account Number
		Checking	0288510-0
A. G. Edwards & Son			398-067983-021
A. G. Edwards & Son		TRA	398-037510-021

All other persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of Deeds, Lake County, State of Indiana.

SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS:

A. This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute a durable power of attorney under the Indiana Uniform Durable Power of Attorney Act.

~~B. This Power of Attorney shall terminate upon the death of the Grantor.~~
~~C. This Power of Attorney shall terminate upon the death of the Grantor.~~
~~D. This Power of Attorney shall terminate upon the death of the Grantor.~~

Signed this 2 day of May, 19 91, in Two (2) counterparts, each of which shall be considered an original.

Counterpart No. One (1)



Eleanor J. Osborn
Eleanor J. Osborn

310-18-2627
GRANTOR'S SOCIAL SECURITY NUMBER

400 N. Lake Park Avenue, W.W.3, Hobart, IN
GRANTOR'S ADDRESS 46342

STATE OF INDIANA)
COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 2 day of May, 19 91, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated. I have personally witnessed the signing of this document.
IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Marie J. Bardevick
NOTARY PUBLIC MARIE J. BARDEVICK

My Commission Expires: 11-11-94 Resident Of: Lake County.

This instrument prepared by Jeffrey V. Cefali, 17 Main St., Hobart, IN Attorney at Law. 46342