

#51420

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.

91023815

POWER OF ATTORNEY

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46037

OF

WALTER A. KAISER
(GRANTOR)

TO

CAROLYN KAISER
(ATTORNEY-IN-FACT)

The undersigned hereby nominates, constitutes and appoints Carolyn Kaiser

whose address is 488 West 650 South, Hebron, Indiana 46341
as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

[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, checks, 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 or 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 thereof; (b) to make such endorsements and to sign such documents as may be required in connection with deposit into any 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. _____ located at:

(INSTITUTION)

(BRANCH)

(ADDRESS)

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 I 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 file on my 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).]

(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 _____~~

_____, Indiana located in _____ County;

Indiana and legally described as follows, to-wit:

FILED

MAY 17 1991

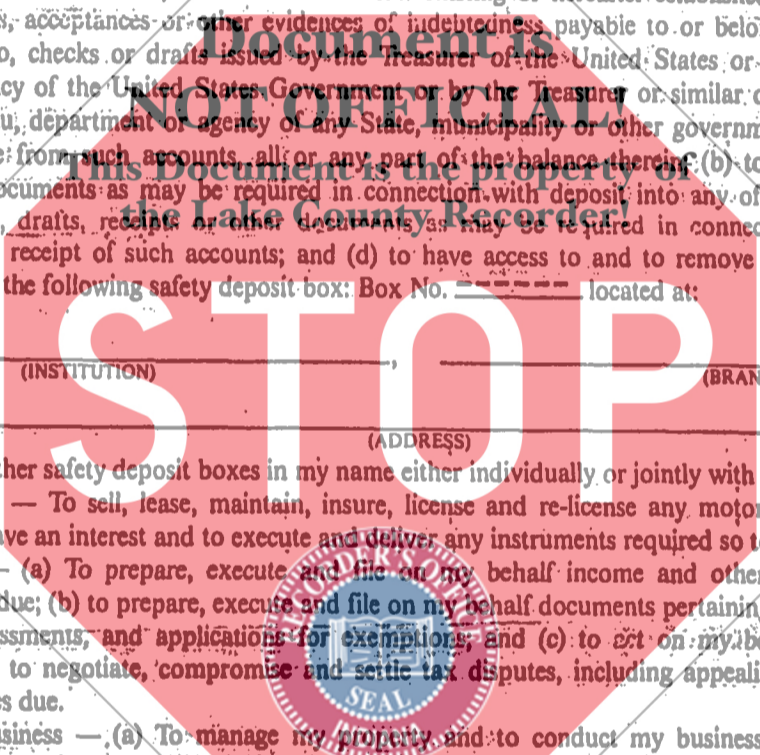
Anna N. Anton
AUDITOR LAKE COUNTY

00157

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Client's copy

Lots 21 and 22, Charles M. Barney's Lincoln Park Addition in the City of Hobart, as shown in Plat Book 8, Page 29, Lake County Indiana

Key # 17-66-21



(7) Other powers specifically designated: To employ and discharge physicians, psychiatrists, dentists, nurses, therapists and other professionals as my Attorney-in-Fact may deem necessary for my physical, mental and emotional well-being, and to pay them, or any of them, reasonable compensation. To give or withhold consent to my medical care, surgery, or any other medical procedures or tests.

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 my sister-in-law, Carolyn Kaiser as Guardian(s) of my person and my sister-in-law, Carolyn Kaiser 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:

Holding Institution	Type of Account	Account Number
Hobart Fed. Sav.	Checking	561173434408
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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 automatically terminate and become null and void on _____ (DATE) _____, but shall not be affected by my disability or incapacity prior to such date.~~

~~C. This Power of Attorney shall not be affected by lapse of time, but shall automatically terminate and become null and void upon my disability or incapacity.~~

~~D. This Power of Attorney shall automatically terminate and become null and void on _____ (DATE) _____, or upon my disability or incapacity, whichever shall first occur.~~

Signed this 19th day of February, 19 91, in five counterparts, each of which shall be considered an original.

Counterpart No. _____



Walter Kaiser
GRANTOR
Walter A. Kaiser

363-48-3982

GRANTOR'S SOCIAL SECURITY NUMBER

817 State Street
Hobart, Indiana 46342

GRANTOR'S ADDRESS

STATE OF INDIANA)

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 19th day of February, 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.

IN WITNESS WHEREOF I have hereunto set my hand and official seal the day and year last above written.

Harry R. Kneifel, Sr.
NOTARY PUBLIC
Harry R. Kneifel, Sr.

My Commission Expires 9-14-92

Resident Of: Lake County.

This instrument prepared by Harry R. Kneifel, SR., Attorney at Law.