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.

92010983

POWER OF ATTORNEY

TO //	Rosen	8,	
BETTE R. PHILPOTT (ATTORNEY-IN-FACT)		2	
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The undersigned hereby nominates, constitutes and appoints BETTE R. PHILPOTT	101	<u> </u>	
ose address is: 201 W. 3rd Street, Hobart, IN: 46342		Service of	
ny true and lawful attorney-in-fact to do and perform for me and in my name the following:	O	92	
[Strike any paragraph not applicable]			
and to deposit into such accounts, or into accounts now existing or hereafter established checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belong not being limited to, checks or drafts issued by the Treasurer of the United States or a department or agency of the United States Government or by the Treasurer or similar of other official, bureau, department or agency of any State, municipality or other government withdraw or receive from such accounts, all or any part of the balance thereif (b) to and to sign such documents as may be required in connection with deposit into any of schecks, withdrawals, drafts, receipts or other documents as may be required in connection with deposit in connection withdrawals from or receipt of such accounts; and (d) to have access to and to remove a contained or held in the following safety deposit box: Box Nolocated at:	ging to n ny other, ficial of a nt body; make su on with	ne, including official; hand state, and to dische endorse bunts; (c) the disbursem	ng toures orea sbur eme to si ent
(INSTITUTION) (BRANC	11)		
(3) Tax Matters — (a) To prepare, execute and life on my behalf income and other amount determined due, (b) to prepare, execute and life on my behalf documents pertaining property taxes, assessments, and applications for exemptions, and (c)*to act on my belit*may be necessary to negociate, compromise and settle tax disputes, including appealing assessments and taxes due. (4): Conduct of Business — (a) To manage my property and to conduct my business limited to, leasing, managing and maintaining any means personal property which I may can hold possession of any real estate, monies, goods, chattels, debts, or any other than 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 other including, but not limited to, stocks, bonds, notes, and other securities or evidences of indeand on such terms as my attorney-in-fact may determine; (b) to vote any such securities 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 purfer, for such consideration and upon such terms as my attorney-in-fact shall deem advis for conditional sale, and also to execute and deliver any deed; sales agreement, lease, contract in such manner and form as may be necessary or required for my attorney-in-fact to to my interest in the following described real estate: [Strike (a) or (b).]	to real estable in tage determinants, in the control of the contro	tate and p ix matters inations o including to recover, hich I ma ose of, sec all at suc name, in otherwise uding a cother document	erso white value obt obt curit h perso tra ontr
(a) Any and all real estate in which I now hold, or may hereafter acquire, an inter [or]			
(b) Only the real estate commonly known as			'Aun
Par. 23-2 Kt 1 August 2000 Aug			

Which shall be considered an original. Counterpart No. State of Indiana 1 1 1 1 1 1 1 1 1	If protective proceeding Bette R. Philpott	resentatives: ngs for my/person/and/or est	-in-facts under this instrument sha ate shall be commenced, I hereby	nominate as Guardian(s) of my person and
All other-persons, firms-and corporations of whom this instrument may be delivered may rely on its being in efficient disturbed by me unless I shall have excelled preparties trace to evolution and recorded it. or caused its be recorded, in the Office of the Recorder of Take. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS. A. This Power of Autorney for its instrument country in the heigh my intention that this instrument country the provision of the height of height of height provided the height of height of height of height provided the height of height of height of height provided the height of heigh	is the case may be, of my. The following named isted below may rely on a natument of revocation a	estate#to serve without bond banks, savings and loan assoc this instrument being in el ind delivered it, or caused it t	to the full extent permitted by lave stations; investment firms, and/or of ffect and unrevoked by me unles obe delivered, to such person, firm	v. other persons, firms or corporations is 1 shall have executed a proper n or corporation:
All other-persons, firms and corporations of whom this instrumentation be delivered may rely on its being in efficient of the decorder of the recorded; in the Office of the Recorder of Table County, State of Indiana. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Autoring And this instrument constitues in during the property of ficial packy, nor by lapse of its being my intention, that this instrument constitues in during the record attenty which and the instrument constitues and another the businana Uniform Dural Power of Autoring And the instrument and become null and void upon my disability of income that the terminate and become and and void upon my disability of income that the terminate and become and and void upon my disability of income that the terminate and become and and void upon my disability of income that the terminate and become and and void upon my disability of income that are void on the considered an original. Counterpart No. Signed this 21st day of February 19 92 in 1 counterparts, each which shall be considered an original. Counterpart No. SIGNED This Power of Autorney shall not be affected by those of time, but shall an avoid on the counterparts, each which shall be considered an original. Counterpart No. SIGNED This Power of Autorney shall not be affected by those of time, but shall not evoid on the counterparts, each which shall be considered an original. Counterpart No. Before me, the undersigned, a Notary Public in and for said County and State, this 21st day Power of Autorney 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. NOTARY POBLIC. Resident Of: Addient Counterparts and County and State and the day and year last above written.	Holdin Bank One, Merril	ng Institution lville, Indiana	Lype of Account	0980010090654
SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Autoring Shift following provisions by STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Autoring Shift following provisions by STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Autoring Shift following provisions by STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Autoring Shift following provisions by STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Autoring Shift following provisions by STRIKING ALL INAPPLICABLE PROVISIONS: A. This Power of Autoring Shift automatically terminate and become not an one of the budiana Uniform Durat Power of Autoring shift automatically terminate and become not and automatically terminate and become not an automatic	and the state of t	Market and the second s		
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Merrillville, Indiana 46410 GRANTORS ADDRESS STATE OF INDIANA SS: SOUNTY OF SS:	SELECT ONLY ONE OF A. This Power of Be the Power of C. This Power of	THE FOLLOWING PROVING	TRICALL IN COUNTY, States COUNTY, States COUNTY, States COUNTY, States COUNTY, States COUNTY, STATES COUNTY STRIKING ALL IN COUNTY RECORDS TO ALL IN COUNTY OF THE AL	APPLICABLE PROVISIONS: The provision of time and become and recorded it to the provision of time and the provision of time and the provision of time and become and the provision of time and become and the provision of time and become and the provision of time and the provision
Before me, the undersigned, a Notary Public in and for said County and State, this	which shall be considered		GRANTOR 314-09-66/15 GRANTOR'S SOCIAL SECURITY NUMBER	des Jose
Before me, the undersigned, a Notary Public in and for said County and State, this	which shall be considered		GRANTOR 314-09-66/15 GRANTOR'S SOCIAL SECURITY NUMBER 475 East 60th	Place
Before me, the undersigned, a Notary Public in and for said County and State, this 21st day February 19 92, personally appeared the Grantor named above, and acknowledged the execution of the 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. NOTARY PUBLIC Resident Of: Resident Of: Count	which shall be considered a		GRANTOR 314-09-66/15 GRANTOR'S SOCIAL SECURITY NUMBER 475 East 60th	Place
My Commission Expires: 3-11-94 Resident Of: Lake Count	which shall be considered a contemporary No.	an original.	GRANTOR 314-09-66/15 GRANTOR'S SOCIAL SECURITY NUMBER 475 East 60th	Place
	COUNTY OF Before me, the unders	signed, a Notary Public in an 9 _92, personally appeared	A75 East 60th Merrillville, GRANTOR'S ADDRESS ad for said County and State, this and the Grantor named above; and	Place Indiana 46410 21st day acknowledged the execution of the
And the second s	Counterpart No. COUNTY OF Before me, the unders February Power of Attorney to be the IN WITNESS WHE	signed, a Notary Public in an 9-92, personally appeare the voluntary act and deed of REOF, I have hereunto set m	475 East 60th Merrillville, GRANTOR'S ADDRESS ad for said County and State, this and the Grantor named above; and the Grantor, for the uses and purpoy hand and official seal the day are	Place Tndiana 46410 21st day acknowledged the execution of the coses therein stated. and year last above written.
Chiefinefelment amongment by MICOARL W. BACK. UNR PROTESSIONAL CENTER Attorney of Le	Counterpart No. COUNTY OF Before me, the unders February Power of Attorney to be the IN WITNESS WHE	signed, a Notary Public in an 9-92, personally appeare the voluntary act and deed of REOF, I have hereunto set m	475 East 60th Merrillville, GRANTOR'S ADDRESS ad for said County and State, this and the Grantor named above; and the Grantor, for the uses and purpoy hand and official seal the day are	Place Tndiana 46410 21st day acknowledged the execution of the coses therein stated. and year last above written.