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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

APR 21 1992

92026424

POWER OF ATTORNEY

Dana N. Anton
AUDITOR LAKE COUNTY

TICOR TITLE INSURANCE
Highland, Indiana

KNOW ALL MEN BY THESE PRESENTS, that I, CHARLOTTE L. FRY, of Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint my husband, WILLARD L. FRY, of Highland, Indiana, as my true and lawful Attorney-in-Fact, or if he is unable to act for any reason, my friend, GLEN C. WAGNER, shall so act as successor, for me and in my name, place and stead to do all or any of the following acts:

To place documents of property or remove same from any deposit box I may have;

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name;

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities;

To execute instruments to effect the transfer of title any motor vehicle owned by me;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter;

To execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to pay such taxes;

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt him from any personal liability so long as he shall use that degree of care which reasonable people would use with their own property;

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than their ordinary legal liability when dealing directly with me; and,

I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted; no person, firm or corporation need inquire into any action of or authority assumed by the successor Attorney-in-Fact hereunder.



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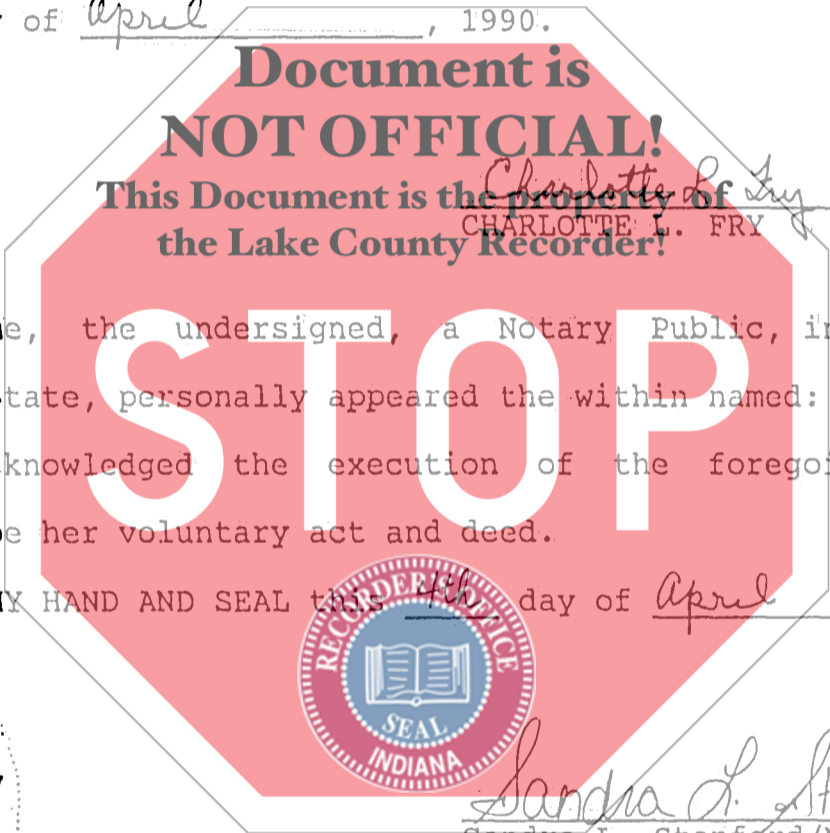
STATE OF INDIANA
LAKE COUNTY
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Giving and granting unto my said Attorney full power to do every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this, the 4th day of April, 1990.



Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared the within named: CHARLOTTE L. FRY, who acknowledged the execution of the foregoing Power of Attorney to be her voluntary act and deed.

WITNESS MY HAND AND SEAL this 4th day of April, 1990.



Sandra L. Stanford
Sandra L. Stanford/Notary Public
Resident of Lake County

My Commission Expires:
March 1, 1991

THIS INSTRUMENT PREPARED BY:

John F. Hilbrich
HILBRICH, CUNNINGHAM & SCHWERD
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Highland, Indiana 46322
PH: (219) 924-2427