

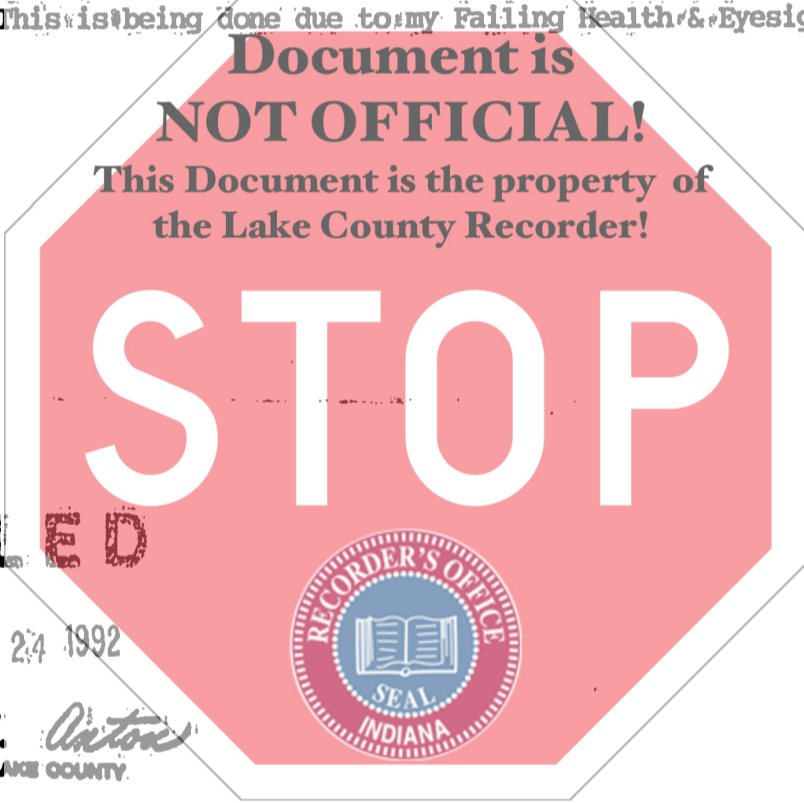
92040448

Power of Attorney

Know All Men by These Presents, That **CORA L. ACOFF**

have made, constituted and appointed, and by these presents do make, constitute and appoint **WILLIE L ACOFF** true and lawful Attorney for and in name, place and stead

I Cora L Acoff of 1059 Morton Street Gary, Indiana 46404.
Duly appoint my son Willie L. Acoff of 2005 Madison St.
Gary, Indiana 46407. To handle all of my personal & business
affairs Check Signing, Making decisions & etc. for my well
being. This is being done due to my Failing Health & Eyesight.



FILED

JUN 24 1992

Anna N. Anton
AUDITOR LAKE COUNTY

ROBERT RECORDED AND

JUN 24 9 52 AM '92

STATE OF INDIANA

giving and granting unto **said Attorney** full power to do every act necessary to be done about the premises as fully as he might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **said Attorney**, or substitute shall lawfully do or cause to be done by virtue thereof.

In Witness Whereof, The said **ha's** hereunto set my hand and seal this 30th day of May 19 92

Signed, sealed and delivered in presence of *Cora L Acoff* (SEAL)

(SEAL)

(SEAL)

01639

This instrument prepared by:

800

STATE OF INDIANA,Lake.....County, ss:

Before me, the undersigned, a Notary Public in and for said County, this
.....30th.....day of.....May.....19.92, came.....
.....Cora J. Acoff.....

.....Her....., and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal;

.....*Robert Crawford*.....Notary Public.

My Commission expires.....3/26/93.....



POWER OF ATTORNEY

FROM

TO

Received for record this

day of....., 19.....

at.....o'clock.....m., and recorded

.....Record,

No.....Page.....

Recorder.....County.

Fee, \$.....