STATE OF INDIANA

COUNTY OF LAKE

)- \* )- SS: ichard L. Roberts
1165 E. Kulge Kol)
Buffeth 46319

93013836

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, ALBERT J. TRATTA of Lowell Health Care Center, 710 Michigan, Lowell, Indiana, do hereby make, constitute and appoint Jospeh E. Tratta as my true and lawful attorney, for me and in my name, place and stead, giving and granting unto my said attorney full powers and authority as set forth in Indiana code 30 5-5-2 through 32 5-5-19 to do and perform all and every act and thing whatsoever be all intents and purposes, as I might brought do it personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or the substitute of my attorney may lawfully do or cause to be done by virtue hereof for the following specific acts: any act concerning or related to the sale of the following real IEB 26 1993 property:

The West 50 feet of the East 190 feet of that part of the Northeast Quarter (NEW 1/4) of Section 28, Township 36 North, Range 9 West of the 2nd Principal Meridian in the Town of Highland, Lake County, Indiana, descirbed as follows: Commencing at a point 1839.94 feet North of the Southeast corner of the East Half of the West half of said Section 28; thence North 151.56 feet to the center line of Hart Street; thence Westerly along the center line of Hart Street to the East line of the right-of-way of the Chicago, Indiana and Southern Railroad; thence South along said East right-of-way line 165 feet; thence East 1323.30 feet to the place of beginning. Tax key No. 27-22-89. Commonly known as 2738 Hart Road, Highland, Indiana 46322.

and to do all things necessary to be done to accomplish such specific acts.

Should Jospeh E. Tratta be unavailable, fail or refuse to act

then I appoint my daughter, Terry Butler as my true and lawful Attorney-in-Fact.

A photocopy of this Power of Attorney certified as a true and complete copy by my attorney-in-fact shall be deemed an original for all purposes whatsoever.

This Power of Attorney shall not be affected by my incapacity or disability. It is my wish and intent that the authority conferred by me upon my attorney through this Power of Attorney should be exercisable notwithstanding my disability, my incapacity, a subsequent disability or incapacity or uncertainty as to whether I am dead or alive All acts done by my attorney-in-fact or agent pursuant to this Power of Attorney during any period of disability introducer and, incapacity or uncertainty as to whether I am dead or alive shall have the same effect and shall bind my heirs, legatees, devisees and personal representatives as if I were alive, competent and not disabled.

I	N. WITHESS!	WHEREOF, I	hereunto	set my	hand this	s2nd	
day of	Februar	У.	TEP93				-
				earl	Trotto		
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WITNES	s: Jame	Clamo	SEAL WOIANA	WITNESS:	Dillie	Kerksen	V.
Printe	d Name: I	ami Adamo		Duduka 2/	/ Name : Dil	<u></u>	
0	n this	2nd day o	f Fob	PIINCEO		<u>lie Jacobsen</u>	
nerson	alily annos	rod bofore	1 1160	tuary.	72.	, 1993,	
County	arry appea	red before	me, a No	cary Pub	lic in ar	id for said	
who h	oing duly	, the above	-named p	rincipal	, ALBERT	J. TRATTA,	
pic en	erng dury	sworn, exec	ucea che	above P	ower of A	Attorney as	
	ee act and						
1 1	N TESTIMON	Y WHEREOF,	I have h	ereunto	subscribe	ed my name	and
arrixe	a my seal,	the day an	d year a	b <del>ove w</del> ri	tten.		

My Commission Expires: May 8, 1995
My County of Residence: Lake

Patricia Woodka

Printed Name