

THIS FORM HAS BEEN PREPARED FOR USE WITHIN THE STATE OF INDIANA. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW AND SHOULD ONLY BE DONE BY A

93014068

POWER OF ATTORNEY

OF MINNIE C. SHADRICK PRINCIPAL TO

MARJORIE FACTORY ATTORNEYAIN FACT

made under Indiana Code 30:5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attor A. Powers. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this

Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

real property transactions; [IC 30-5-5-2] (IC 30-5-5-3] tangible personal property transactions; bond, share, and commodity transactions; [IC 30-5-5-4] [IC 30-5-5-5] banking transactions; business operating transactions; Document is (IC 30-5-5-6) (IC 30-5-5-7) insurance transactions; NOT OFFICIAL! (IC 30-5-5-8] beneficiary transactions; fiduciary transactions; This Document is the property of gift transactions; (IC 30-5-5-9) (IC 30-5-5-10] [IC 30-5-5-11] the Lake County Recorder! claims and litigation; [IC 30-5-5:12] family maintenance; benefits from military service; [IC 30-5-5:13] [IC 30-5-5-14] records, reports, and statements; [IC 30-5-5:15] estate transactions; IIC 30-5-5-191

Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care: ||

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be medified or added as follows: land have verified by writing my initials in the space provided here in the margin.

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B: Reservation of Power to Act and to Revoke. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C: Chapters of Statute Also Applicable. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions [IC 30-5-2] General Provisions [IC 30-5-3] Duties [IC 30-5-6]

recorded, in the Office of the Recorder of.

all other matters.

Reliance [IC 30-5-8] Liabilities [IC 30-5-9] Termination [IC 30-5-10]

_ County, State of Indiana.

D. Liability of Attorney in Fact. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. Reliance on Power of Attorney. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered; to such person(s):

Holding Institution N/A	Type of Account	Account Number
All other persons to whom this Power of Attorne shall have executed a proper instrument revoking or clarke	hanging it and recorded such it	n its being in effect unless I nstrument, or caused it to be

•	S ox. I have a safe depo	sit box, NumberN	<u>'A.</u>	
nt:(BANKING INSTITUTIO	N)	(BRANCH)		(CITY)
I give my attorney in fac either individually or joi property to it, and to rel	t power to enter or hav ntly with any other pe locate such box withir	ve access to that box and to rson. I give the power also I the banking institution I of Attorney by reference	o to remove property fi n or at another. Power	rom such box or add
STRIKING ALL-INAPP	LICABLE PROVISIO	SELECT ONLY ONE OI NS: fin case of insufficien		
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	orney. Revocation does	o not (strike one) revoke a s not affect the validity of vers are revoked.		
nominate <u>MARJORTE</u> as guardian of my estate	FACTORY a e, to serve in each cas	s for my person or for m as guardian of my person e without bond as may b	n, and <u>MARJORIE∃E</u> e permitted by law.	PACTORY
J Successor Att	orney in Fact. As	a successor to my at	torney in fact I des	signate and name
	NUUI	successor shall become	THE PERSON AND THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON	miles vise personics
By giving me writte During a period of my in authorized to act under t	capacity, my attorney his Power of Attorney	ot incapacitated my attor in fact shall continue to whether designated and jensdiction to be each s	serve until a successo framed firthis Rower	or decline to serve. or attorney in fact is of Attorney as such
K. Binding Effec	t. Any act or thing per	rformed by my attorney i	n fact under this Powe	er of Attorney binds
me and my successors in Signed this	day.of	March:	. 199 3 in	3 counterparts
each of which shall be co	onsidered an original			•
Counterpart No. orig	inal	minne	PHINCIPAL'S SIGNATURE	buck
		313-07-0030		
		578 Speadway	CIPAL'S SOCIAL SECURITY N	UMBER:
		PRINC	CIPAL'S STREET OR OTHER A	DDRESS.
		PRIN (PRIN	ICIPAL'S CITY, STATE AND ZIF	CODE
STATE OF INDIANA);); SS.	THE PARTY OF THE P		
COUNTY OF LAKE);	/		1-4
day of March	, 199° <u>3°</u> , personant dged the execution of	ublic in and for said:Cou ally appeared the princi it, as the voluntary act a	ipal≥named above, si	gned this≠Power o
• •		to set my handfold efficia	1. Menman	
		COMPONIENT, M	NOTARY PUBLIC'S SIGNATULE	₹E
		STEPHEN: M. NOTAR	Y PUBLIC'S NAME, PRINTED	OR TYPED
My Commission Expires	s: <u>September 1</u>	1, 1995 Resident of	<u> Lake</u>	County
This instrument prepar	7895 Broadwa Chapel Plaz	a. North Complex e. IN 46410Hen County		
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