## CERTIFICATE

## 93021195

LANA LEE LUCAS, being duly sworn deposes and says:

That the Affiant is one and the same person as the Lana Lee Lucas named as Attorney-in-Fact in that certain Power of Attorney of Dorothy S. Milzarek, Grantor, to Lana Lee Lucas, Attorney-in-Fact, regularily signed on the 2nd day of August, 1989 before Susan J. Brown as Notary, a copy of which is attached has not been revoked and That said continues to he in full force and effect; of

the Lake County Recorder!

This Affidavit is made for the purpose of serving as evidence of the above facts and for the purpose of confirming the continuing validity of said Power of Attorney.

IN WITNESS WHEREOF, the said Lana Lee Lucas has hereunto subscribed her name and affixed her seal this 9th day of October, 1992.

STATE OF INDIANA

AUDITOR SAKE COUNTY

COUNTY OF LAKE!

IN WITNESS WHEREOF, the undersigned Notary in and for said County and State has hereunto subscribed her signature and ffixed her seal as such notary this 9th day of October, 1992.

My Commission expires: 10-28-92 Resident of Porter County

🕱. Kneifel, Sr., Attorney at Law, Prepared by: 651 E. Third ST., P.O. Box 427 Hobart, Indiana 46342

0/302 1000

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.

## POWER OF ATTORNEY

OF
DOROTHY S. MILZAREK
(GRANTOR)
LANA LEE LUCAS
(ATTORNEY-IN-FACT)
The undersigned hereby nominates, constitutes and appoints Lana Lee Lucas
whose address is 900 South Linda Street, Hobart, Indiana 46342 as my true and lawful attorney-in-fact to do and perform for me and in my name the following:
[Strike any paragraph not applicable];
(1) Banking and Financial Transactions— (a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to, checks or drafts, saved by the diensurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any state, or any other official, bureau, department of agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) to make such endorsements and to sign such documents in any be equired in connection with disbursement or withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) to have access to and to remove any or all of my property contained or held in the following safety deposit box: Box No.————————————————————————————————————
Thd'i'ana Federal Savings and Loan Valparaiso (INSTITUTION)  56 Washington, Valparaiso, Indiana 46383
and in any and all'other safety deposit boxes in my name either individually or jointly with any other person.  (2) Motor Vehicles — To sell; lease, maintain, insure, fleense and re-license any motor vehicle which I may have an interest and to execute and deliver any instruments required so to do.  (3) Tax Matters — (a) To prepare, execute and fleen my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and fleen my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and fleen my behalf income and other tax returns and property taxes, assessments, and applications for exemptions; end*(c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.  (4) Conduct of Business — (a) To manage my property and to conduct my business affairs, including but not limited to, leasing, managing and maintaining any real of personal property which I may own; (b) to recover, obtain and shold spossession of any real estate, monies, goods, chattels, debts, or any other thing in which I may have an 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 otherwise dispose of, securities, including but not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in-person 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 purchase, or otherwise transfer, for such considerations and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contr
(a) Any and all:real estate in which I now hold, or may hereafter acquire, an interest.  - {or}-
-(b) -Only the real-estate commonly-known as

hidings and bundly described as follows; to-wit:

MAR 3 | 1993

auxa n. anton

(7)! Other powers specifically designated: To employ and discharge, physicians, psychiatrists. dentists, nurses, therapists and other professionals as my Attorney-in-Fact may deem necessary for my physical, mental and emotional well-being, and to pay them, or any of them, reasonable compensation. To give or withhold consent to my medical care, surgery, or any other medical procedures or tests. AN FURTHERANGE OF THESE POWERS I give my attorney-in-fact\*power and authority to do for me and in my name those things which such attorney deems expedient to and/necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and; also to revoke the powers given in this instrument. Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives. If protective proceedings for myaperson and/or estate shall be commenced, I hereby nominate as Guardian(s) of my person and my daughter, Lana Lee Lucas, my daughter, Lana Lee Lucas, as Guardian(s)!or Conservator(s), as the case may be, of my estate, to serve without bond to the full extent permitted by law. The following named banks, savings and loan associations, investment firms, and/or other persons, firms or corporations listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person; firm or corporation: Account Number Type of Account Holding Institution 012-088-4379501 IRA Ind. Federal Savings and Checking 02-0289819 Loan of Valparaiso 001-003-1812726 Savings All other persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed approper instrument of revocation and recorded it, or caused it to-Sounty, State of Indiana. be recorded, in the Office of the Recorder of RIKING ALEVNAPPLICABLE PROVISIONS: SELECTIONLY ONE OF THE POIN OWING PE A. This Power of Attorney shall not be affected by disability or incapacity, nor by lapse of time, it being my intention that Thinistrument constitute a durable power of atterney ander the Indiana Uniform Durable Brower of Attorney shall automatically terminate and accome mill and void on ----Power of Attorney Act, (DATE) E-His-Power of Attorney shall not be affected by lapse of thire; but shall automatically terminate and become mull-und void-ujfoji my disability-or incapacity Die This Power of Attories shall automatically terminate and become mult and void on a (DATE) = for appointing disability of incapacity; whichever shall first occur. , in five counterparts, each of Signedathis \_\_2nd\_ day of which shall be considered an original. Counterpart No. . 14-8742 900 South Linda Street Hobart, Indiana 46342 GRANTOR'S ADDRESS STATE OF INDIANA LAKE COUNTY OF Before me, the undersigned, a Notary Public in and for said County and State, this \_ 2nd , 19 89., personally appeared the Grantor named above, and acknowledged the execution of this August\_ 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 Susan J. Jasper Resident Of: \_\_\_ My Commission Expires Attorney at Law. kneifel, Sr This instrument prepared by KNEIFEL & BEHNKE ON 1.30% ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION "IIII"
651 E. THIRD, P.O. BOX 427 COPYRIGHT THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC (REV. JAN. 1986)

HOBART, INDIANA 46342