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 POWER OF ATTORNEY 93041546 OF ALONZO (NMN) HARRIS PRINCIPAL TO: MARY (NMN) HARRIS ATTORNEYIN FACT made under Indiana Code 30-5, astit may be amended; or replaced (the "Statute") I, as principal, designate and name the person whose name appears above to be my attorney in fact. 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) tangible personal property transactions; (IC'30-5-5-31) bond; share, and commodity transactions: [IC:30-5-5-4] banking transactions; [IC 30-5-5-5] business operating transactions; Document is [IC 30-5-5-6] insurance transactions: [IC:30-5-5-7] NOTIONAL beneficiary transactions; [IC 30-5-5-8] gift transactions; fiduciary transactions; This Document is the property of [IC 30-5-5-9] [IC 30:5-5-10] claims and litigation the Lake County Recorder! ([IC 30-5-5-11] family maintenance; [IC 30-5-5-12] benefits from military service; [IC 30-5-5-13] records, reports, and statements; [IC'30-5-5-14] estate transactions; [IC!30-5-5-15] all other matters. [IC 30-5-5-19] [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 modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin]. Power to cash United States Steel and Carnegie Pension Fund and State of Indiana checks as well as and all other banking transactions. INFURTHERANCE 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] Reliance [IC 30-5-8] General Provisions [IC 30-5-3] Liabilities [IC 30-5-9] Duties [IC 30-5-6] Termination [IC 30-5-10]: ... 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** Type of Account **Account Number** All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County. State of Indiana. recorded, in the Office of the Recorder of _ _ County, State of Indiana.

100g

	have a safe deposit box, l	Number	
at(BANKING INSTITUTION)		(BRANCH)	(CITY)
either individually or jointly.	with any other person. I gi e such box within the bar	to that box and to any other safe dep ve the power also to remove property, aking institution or at another. Powe fney by reference.	from such box or add
G: Duration of Powe STRIKING ALL INAPPLICA	r of Attorney SELECT ABLE PROVISIONS: in.c	ONLY ONE OF THE FOLLOWING ase of insufficient striking, provision	G#PROVISIONS#BY n a applies :
a. This Power of Attor b. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ney is not terminated by	my incapacity. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
c. They manacally and ha	ĸĸſĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
H. Revocation of Pric date of this Power of Attorne attorney. In case of failure to	y. Revocation does not affe	ike one] revoke all powers of attorne ct; the validity of an act; performed u revoked.	y. I signed before the nder a prior power o
I: Guardians: If prote	ctive proceedings for my	person or for my-estate, or for both	n, are commenced, i
asiguardian of my estate, to	serve in each case withou	ian of my person, andtbond as may be permitted by law.	The second secon
J. Successor Attorn	ey in Fact. As a succe	essor to my attorney in fact I de	esignate: and name
	Such success	or shall become my attorney in fact Serve as specified in the Statute, or	when the person(s)
serve:	NOTO	THE	
Duringia period of my incaps	city; my attorney in facts ower of Attorney, whether	citated, my attorney in fact may resignal to success that continue to serve until a success resignated and named in this Powe	or attorney in fact is
K. Binding Effect. An me and my successors in int	y act or thing performed be erest, as the Statute prov	by my attorney in fact under this Pow ides.	ver of Attorney bind
Signed this 23rd each of which shall be consider	day of June lered an original.	, 199 3, in	counterparts
Counterpart No			<u>.</u> .
1. 01.1		-PRINCIPAL'S SIGNATURI	E
Ar III	TUTTE	422-16-5942	
STEVEN C SOENCED		PRINCIPAL'S SOCIAL SECURITY 3390 West 19th Avenue	NUMBER
STEVEN G. SPENCEN		PRINCIPAL'S STREET OR OTHER	ADDRESS
	EIII. N	PRINCIPAL'S CITY, STATE AND Z	IP CODE
STATE(OF-INDIANA)	SS.	HARRIE	
COUNTY OF LAKE	55.	/	
		and for said County and State, this	23rd
day of <u>June</u> Attorney, and acknowledged purposes therein stated:	199 _3, personally appet the execution of it, as the	eared the principal named above, s voluntary act and deed of the princi	signedtthis Power o pal, for the uses and
IN:WITNESS WHERE	OF, I have hereunto set my	hand and official seal the day and year	ar last above written
		Sandra J. Mansur	URE
My Commission Expires:	May 19, 1996	NOTARY PUBLIC'S NAME, PRINTED Lake Resident of	OOR TYPED County
	, Sandra J. Mansur,	Atty.# 14897-45	·
This instrument prepared by	/ ·	Drive, P.O. Box 3357 46312	, Attorney at Lav
		The Allen County Indiana Bar Association	n, Inc. (Printed Feb. 1992
		William Con Const.	

