

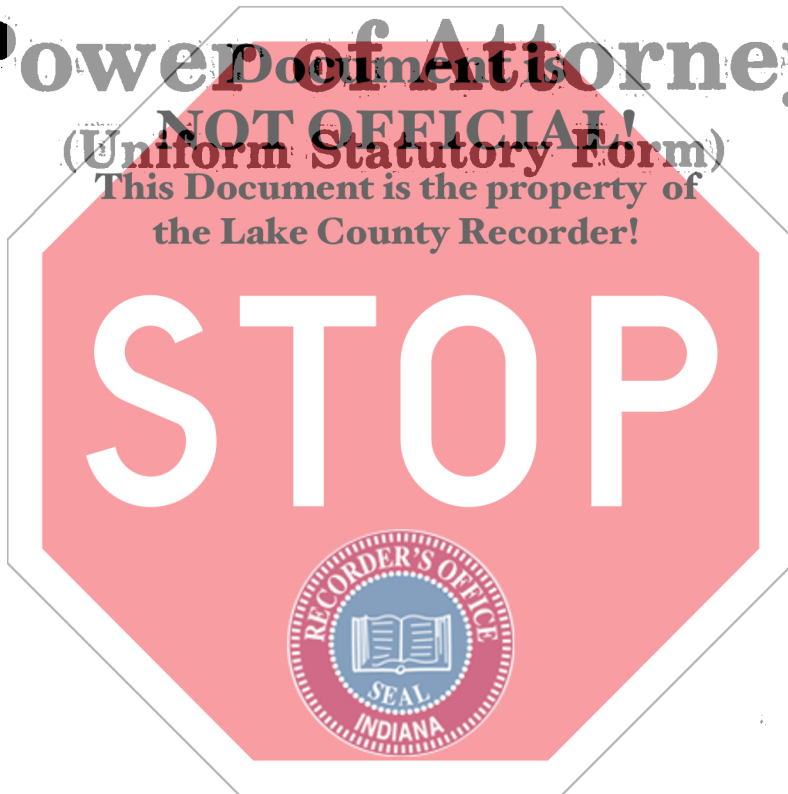
COMMUNITY TITLE COMPANY
FILE NO. 26643

93056314

COWDERY

Power of Attorney

NOT OFFICIAL!
(Uniform Statutory Form)
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the Lake County Recorder!



AUG 27 2 14 PM '93
SAMUEL ORLICH
RECORDER

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORDS

FILED

AUG 20 1993

Anna N. Antox
AUDITOR LAKE COUNTY

955 A

Power of Attorney (Uniform Statutory Form)

01/3/17

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA CIVIL CODE SECTIONS 2475-2499.5, INCLUSIVE). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I Catherine L. Tully 7 Autumn Leaf Pl. Santa Rosa, CA
(your name and address) 95409

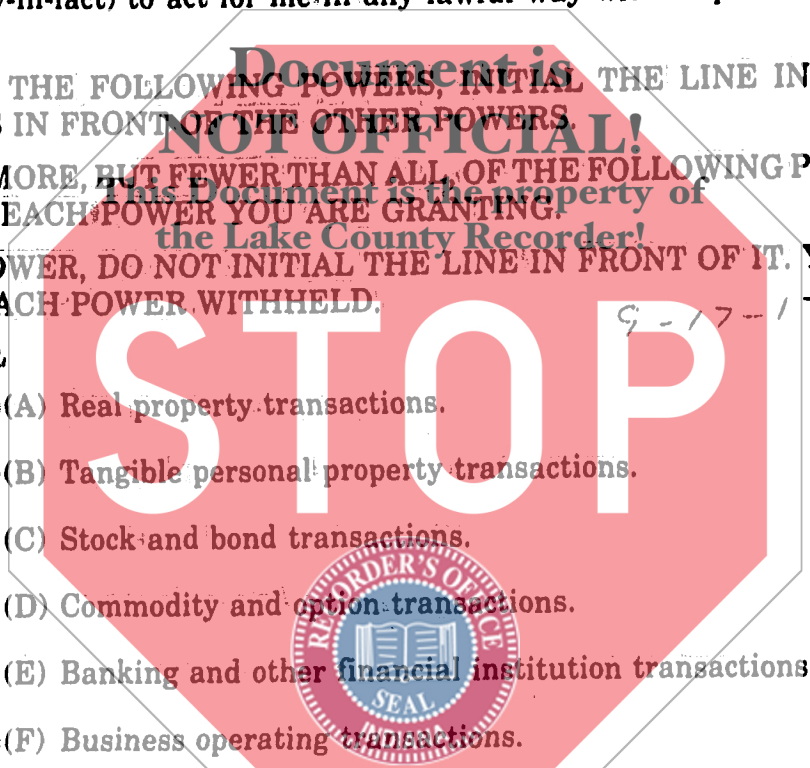
appoint Gary M. Becker 9411 West 190th St Lowell, Ind 46356
(name and address of the person appointed, or of each person appointed if you want to designate more than one)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.



- INITIAL CLT 9-17-17
- (A) Real property transactions.
 - (B) Tangible personal property transactions.
 - (C) Stock and bond transactions.
 - (D) Commodity and option transactions.
 - (E) Banking and other financial institution transactions.
 - (F) Business operating transactions.
 - (G) Insurance and annuity transactions.
 - (H) Estate, trust, and other beneficiary transactions.
 - (I) Claims and litigation.
 - (J) Personal and family maintenance.
 - (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
 - (L) Retirement plan transactions.
 - (M) Tax matters.
 - (N) ALL OF THE POWERS LISTED ABOVE.

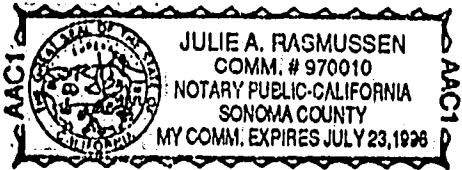
YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).



State of California

County of SONOMA

On JULY 16, 1993, before me, JULIE A. RASMUSSEN personally appeared CATHERINE L. JULY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed in the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Julie A. Rasmussen
Notary Public in and for said State

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.