

2265 Chase Gary, Ind. 44124

2 93081301 Power of Attorney

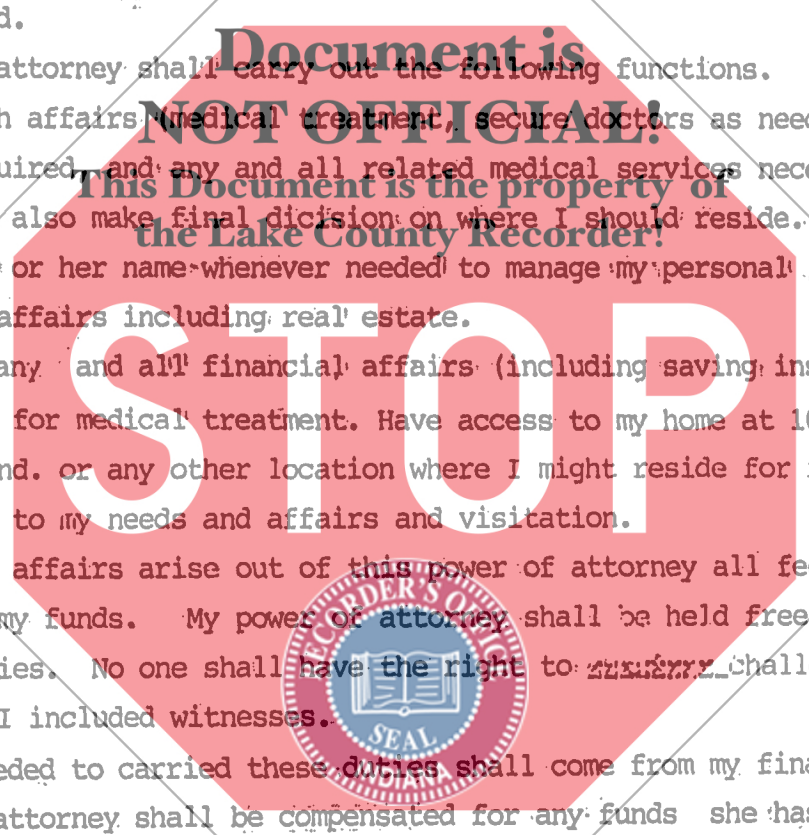
Know All Men by These Presents, That DOSSIE CLARK SS#420-03-8108
1046 EAST 53rd ave. Merr. Indiana D.O.B. 2-2-18

have made, constituted and appointed, and by these presents do make, constitute
and appoint DOROTHY CAMPBELL true and lawful Attorney for
2265 Chase St. Gary, IND. and in SAME name, place and stead
DOSSIE CLARK

STATE LAKE COUNTY INDIANA
FILED FOR RECORD
AUG 14 1993
3 56 PM '93

This document will take effect when I am no longer able to manage or dictate my affairs or control my health. I will inform my power of attorney when it's time to have this document recorded in the recorder's office. If for some reason I'm unable to make the decision to file it she will use her judgement as to the proper time to record it. No other document or power of attorney shall be excepted since I'm making this official while I'm in total control of my mind body and soul at the time this document was notarized.

My power of attorney shall carry out the following functions.
Manage health affairs (medical treatment, secure doctors as needed, proper foods if required, and any and all related medical services necessary for my survival, also make final decision on where I should reside.
Sign my name or her name whenever needed to manage my personal, business and private affairs including real estate.
Transact any and all financial affairs (including saving institutions).
Give consent for medical treatment. Have access to my home at 1046 East 53rd Ave. Merr. Ind. or any other location where I might reside for reasons of attending to my needs and affairs and visitation.
If any legal affairs arise out of this power of attorney all fees shall be paid out of my funds. My power of attorney shall be held free of any and all liabilities. No one shall have the right to challenge this document, this is why I included witnesses.
All funds needed to carry out these duties shall come from my finances, My power of attorney shall be compensated for any funds she has to use in my behalf.



There won't be any expiration date applied to this power of attorney.
giving and granting unto Dorothy Campbell said Attorney full power to do every act necessary to be done about the premises as fully as she might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that Dorothy Campbell said Attorney, or Robert Clark substitute shall lawfully do or cause to be done by virtue thereof.

FILED
NOV 30 1993
Auditor Lake County

In Witness Whereof, The said Dossie Clark
has hereunto set his hand and seal this 14th day of August 19 93

Signed, sealed and delivered in presence of
Winnie Clark (SEAL)
Winnie Clark (SEAL)
Gastonia E. Burr (SEAL)

This instrument prepared by: Cynthia Tyler

00361

STATE OF INDIANA, ~~LAKE~~.....County, ss:

Before me, the undersigned; a Notary Public in and for said County, this
14th.....day of August.....1993, came.....

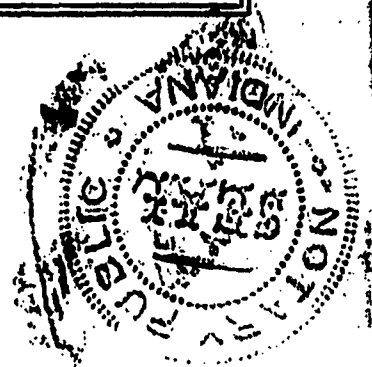
Dossie Clark.....

....., and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

[Signature].....Notary Public.
March 1994

My Commission expires.....



POWER OF ATTORNEY

FROM.....
TO.....

Received for record this.....
day of....., 19.....
at.....o'clock..... m., and recorded
No..... Page.....Record,
Recorder..... County.

Fee, \$.....

CERTIFIED LEGAL FORMS, INC. 110 BUREAU BLVD. SUITE 100 BEACH, FL 33434

Form No. 125