

POWER OF ATTORNEY

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FILED

OF

RICHARD CARL VAHST AKA RICHARD C. VAHST

DEC 21 1993

TO

KATHERYN LYNN VAHST

Under the Antow
AUDITOR LAKE COUNTY

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 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;
- tangible personal property transactions;
- gift transactions; and
- records, reports, and statements

[IC 30-5-5-2]
[IC 30-5-5-3]
[IC 30-5-5-9]
[IC 30-5-5-14]

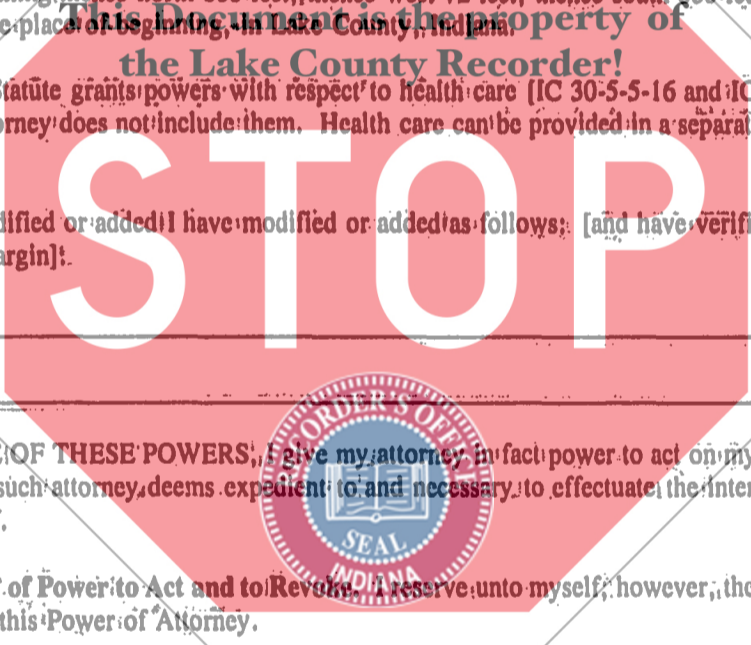
which relate to real estate located at 3721 West 40th Avenue, Gary, Indiana 46408; and legally described as follows:

The north half (except the north 25 feet thereof) of the following described parcel of land, to-wit: the southwest quarter of the northeast quarter of Section 30, Township 36 North, Range 10 East of the 2nd Principal Meridian, described as commencing at a point on the south line of a tract of land deeded to Charles G. Morgenroth (by deed dated August 22, 1944 and recorded in Deed Record 705, page 102, which point is 185.6 feet west of the southeast corner of said Morgenroth tract and running thence north 660 feet, thence west 72 feet, thence south 660 feet, thence east 72 feet to the place of beginning, in Lake County, Indiana.

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[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 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].



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]
- Reliance [IC 30-5-8]
- Liabilities [IC 30-5-9]
- 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:

800
00544
CF

Chicago Title Insurance Company

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

F. Duration of Power of Attorney. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS; (in case of insufficient striking, provision a applies):

- ~~a. This Power of Attorney is not terminated by my incapacity.~~
 - b. This Power of Attorney terminates on December 10, 1993, at 5:00 p.m.
 - ~~c. This Power of Attorney terminates upon my incapacity or on _____ at _____, whichever first occurs. (DATE)~~
- (TIME)

G. Revocation of Prior Powers. I do/do not (strike one) revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

H. Binding Effect. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 24th day of November, 1993, in 2 counterparts, each of which shall be considered an original,

Counterpart No: 1

Richard C. Vahst
 Richard C. Vahst PRINCIPAL'S SIGNATURE
 a/k/a Richard Carl Vahst

395-36-9692
PRINCIPAL'S SOCIAL SECURITY NUMBER

Document is NOT OFFICIAL
1057 40th Ave
 PRINCIPAL'S STREET OR OTHER ADDRESS

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Calumet Towns, IN 46409
 PRINCIPAL'S CITY, STATE AND ZIP CODE

STOP

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 24th day of November, 1993, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, 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.

Richard C. Vahst
 NOTARY PUBLIC'S SIGNATURE
 NOTARY PUBLIC STATE OF INDIANA
 LAKE COUNTY
 MY COMMISSION EXPIRES PR-14-1997

NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: _____ Resident of: _____ County.

This instrument was prepared by:

Todd A. Etzler
Burke, Murphy, Costanza & Cuppy
8585 Broadway, Suite 600
Merrillville, IN 46410
(219) 769-1313