

GENERAL DURABLE POWER OF ATTORNEY

93088137

I, Sandra Kay Comer, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate my dear friend, Elaine Marie Erickson, of Lake County, State of Indiana, whose signature is as follows: Elaine M. Erickson, as my true and lawful attorney in fact, with full power and authority to do, for me and in my name, place, and stead, and for my use and benefit, the following acts:

I. Powers:

Document is

My attorney-in-fact shall have the following powers:

NOT OFFICIAL!

To make, draw and indorse promissory notes, checks or bills of exchange and to have demand presented, protest, notice of protest, and notice of non-payment of all such instruments;

To make and execute any and all contracts;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same;

To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;

To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe and obligation or support;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter;

To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or any local government unit and to prepare, sign and file any documents or forms

STATE OF INDIANA / S. S. NO.
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THE LAKE COUNTY RECORDER
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that may be required in these matters;
To do every act that I legally might do through an attorney
in fact;

and I hereby ratify and confirm all that my attorney shall do by virtue
hereof.

II. Effective date:

This power of attorney shall become effective only in the event
that I become disabled or legally incapacitated to act on my own behalf.

III. Termination:

I hereby reserve the right of revocation; however, this Power
of Attorney shall continue in full force and effect until I have executed
and recorded in the Recorder's Office of the County of my domicile a
written revocation hereof.

Further, I agree This Document is the property of
in good faith, acts under this Power of Attorney or transacts business
with my attorney in fact or in reliance upon this Power, without actual
knowledge of its revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21st day
of December, 1993.

WITNESS

WITNESS

STATE OF INDIANA

COUNTY OF Lake



Before me, a Notary Public in and for said County and State,
personally appeared Sandra Kay Comer, who acknowledged the execution
of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal, this 21 day of December
1993.

Kathleen Dubach

My Commission Expires: 9-6-97 Residing in Lake County,
Indiana.

This instrument prepared by: Christina L. Maas, Attorney at Law,

8300 Broadway
Niles, IL 60743
464-110

KATHLEEN DUBACH
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. SEPT 6, 1997

