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THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

DUMED OF ALLOGAEA

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	Josephine Marthell	<b>7</b> . <b>6</b> .
	(ATTORNLY-IN-FACT)	<b>C</b>
The undersigned hereby nomi	nates, constitutes and appointsJosep	ohine Marthell 🗧 🙇
	in Luther King Drive, Apt.	106, Gary, IN 1640
	fact to do and perform for me and in my nam	•

(1) Banking and Financial Transactions — (a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to, checks or drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any state, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) to make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) to sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) to have access to and to remove any or all of my property contained or held in the following safety deposit box: Box No. \_\_\_\_\_\_\_\_\_\_\_located at:

(INSTITUTION) (BRANCH)

(ADDRESS)

and in any and all other safety deposit boxes in my name either individually or jointly with any other person.

- (2) Motor Vehicles—To sell, lease, maintain, insure, license and re-license any motor vehicle which I may own or in which I may have an interest and to execute and deliver any instruments required so to do.
- (3) Tax Matters (a) To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.
- (4) Conduct of Business (a) To manage my property and to conduct my business affairs, including but not limited to, leasing, managing and maintaining any real or personal property which I may own; (b) to recover, obtain and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in which I may have an interest; and (c) to pay, discharge or compromise any of my debts or other obligations.
- (5) Securities Transactions (a) To purchase or otherwise acquire and to sell or otherwise dispose of, securities, including but not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in person or by proxy; and (c) to receive dividends and other distributions on such securities.
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  - (a) Any and all real estate in which I now hold, or may hereafter acquire, an interest.

If protective proceedings for my person and or estate shall be commenced, I hereby nominate	is protective proceedings for my person and or estate	shall be commenced. I haveled a surface.	
All other persons, firms and corporations to whom this instrument for evocation and recorded it, or caused it to be delivered, to such persons, firms or corporations that other persons, firms and corporations to whom this instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation:  Holding Institution  All other persons, firms and corporations to whom this instrument finity be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of County, State of Indiana.  SELECT ONLY ONE OF THE FOLDOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS:  A. This Power of Attorney shall not be affected by my subacquent disability or incapacity, nor by lapse of time it being my intention that this instrument constitute a durable power of attorney under the Indiana Uniform Durab Power of Attorney shall automatically terminate and become null and void on but shall not be affected by lapse of time, but shall automatically terminate and become null and void on but shall not be affected by lapse of time, but shall automatically terminate and become null and void on put shall not be affected by lapse of time, but shall automatically terminate and become null and void on put shall automatically terminate and become null and void on put shall automatically terminate and become null and void on put shall automatically terminate and become null and void on put shall automatically terminate and become null and void on put shall automatically terminate and become null and void on put shall automatically terminate and become null and void on put shall automatically terminate and become null and void on put put the put of Attorney shall automatically terminate and become null and void on put put shall not be affected by indicated the put	Josephine Marthell to serve	as Guardian(s) of my pe	rson and
The following named banks, statings and loan associations, investment tirms, and or other persons, firms or corporations listed below may rely on his instrument his instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation:  Holding Institution  All other persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of County, State of Indiana.  SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS:  A. This Power of Autorney shall automatically terminate and become roll and void on the being my intention that this instrument constitute a details prover of autorney under the Indiana Uniform Durab Power of Autorney shall automatically terminate and become null and void on but shall not be affected by lapse of time, but shall automatically terminate and become null and void on the prover of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically terminate and become null and void on the proversion of Autorney shall automatically	estate	as Guardian(s) or Conse	rvator(s),
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Signed this	D. This Power of Attorney shall automatically term	ninate and become null and void on(DATE)	
Which shall be considered an original.  Counterpart No.  GRANTORS ADDRESS  STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this 30TH day or DECEMBER 19 91 personally appeared the Grantor named above, and acknowledged the excellention of the Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein states in the state of the day and year the state of the State of the day and year the state of the S	, or upon my disability or incapacity		
Which shall be considered an original.  Counterpart No.  GRANTORS SOCIAL SECURITY NUMBER  J. J. J. J. GRANTORS ADDRESS  STATE OF INDIANA  J. SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this	igned this	in counterpart	s each c
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GRANTOR'S SOCIAL SECURITY NUMBER  GRANTOR'S ADDRESS  STATE OF INDIANA  OUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this	Jounterpart No.		
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GRANTORS SOCIAL SECURITY NUMBER  GRANTORS ADDRESS  STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this		GRANION	
GRANTOR'S SOCIAL SECURITY NUMBER  GRANTOR'S ADDRESS  STATE OF INDIANA  OUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this		307-20-4080	
Before me, the undersigned, a Notary Public in and for said County and State, this		GRANTOR'S SOCIAL SECURITY NUMBER	
Before me, the undersigned, a Notary Public in and for said County and State, this		2445 France 11	
Before me, the undersigned, a Notary Public in and for said County and State, this		GRANTOR'S ADDRESS	
Before me, the undersigned, a Notary Public in and for said County and State, this	TATE OF IVINANA		
Before me, the undersigned, a Notary Public in and for said County and State, this			
DECEMBER 19 91 personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated.  IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year life.  Patricia M. GRUSER.	COUNTY OF LAKE		
DECEMBER 19 91 personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated.  IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year life.  PATRICIA M. GRUSER.	Before me, the undersigned a Notary Public in and fo	or said County and State, this 30TH	day of
IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year less above written.    Patricia   Patricia M. GRUSER:	DECEMBER 19 91 personally appeared the	he Grantor named above, and acknowledged the executi	
NOTARY PUBLIC PATRICIA M. GRUBER	Power of Attorney to be the voluntary act and deed of the	Grantor, for the uses and purposes therein state	
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My Commission Expires: 7-28-93 Resident Of: LAKE County.		fature 13 the	سرب عا
My Commission capitos.		NOTARY PUBLIC PATRICIA M. GRUGER	De co