MAR-14-84 MQN 12:42

THE FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK BRACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

94025459

POWER OF ATTORNEY

OF	40	2	STA
GERALYN M. SWISHER	- 4S	3	7 7
PRINCIPAL	m	- 10	
PETER I. PAIRITZ 101 West Second Stroot	000	6	でのの
ATTORNEY IN FACT Michigan City, IN 46360	70	<u>8</u>	-
made under Indiana Code 30-5, as it may be	=	ب	2

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 80-5 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; IIC 80-5-5-21 tangible personal property transactions; TIC 50-5-5-51 bond, share, and commedity transactions; (10 80-5-5-4) banking transactions; [IC 80-5-5-5] DC 90 5 5 6 business operating transactions insurance transactions; UC 80-5-6-71 beneficiary-transactions; (IC-90 5 6 8) gift transactions: (10 00-5-5-01 CC 90.5.5.10 -Adusiary transactions claims and litigation his Doc 10C-00-K-K-11 bonefits from military anthe Lake County Recorde fumily maintenance: HG-80-6-6-12 (10 80-5-5-18) records, reports, and etatements; (10 80-5-6-14) cutate transactions-(10-80-6-6-15) all other metters. [10 80-5-5-10]-

[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 80-5-5-18), this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.].

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: land have verified by writing my initials in the space provided here in the margin].

G. M. Swisher initial here

Real property transaction shall include the right to buy, -coll and convey the real cotate commonly known as: 530 W. 56th PA., Mempiliville, IN 46410, and legally described as: See X

DOLLOW

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 said 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 Rovoke. 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 80-5-6]

Reliance [IC 80-5-8] Liabilities [IC 80-6-9] 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) numed 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
Bank One, Merrillville, N.A.	Checking	330 9588
	——————————————————————————————————————	

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 recorded, in the Office of the Recorder of _ _ County, St**ate of** Indiana.

Lot 16 in Block "M" in Meadowland Estates, Part No. 2, of Unit No. 2, in the Town of Merrillville, as per plat thereof, recorded 9-15-55 in Plat Book 31, page 7, in the Office of the Recorder of Lake County Indiana

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(BANKING MISTITUTION)	(BRANCII)	(OITY)
give my attorney in fact power to unter ither individually or jointly with any of property to it, and to relocate such box addition to those incorporated into this	her person? I give the power also to rewithin the banking institution or at Power of Attorney by reference.	move property from such box or add unother. Powers here given are in
G. Duration of Power of Attor TRIKING ALL INAPPLICABLE PRO	ney. SELECT ONLY ONE OF THE VISIONS; (in case of insufficient stri	FOLLOWING PROVISIONS BY king, provision a applies):
b: This Power of Attorney is not to be This Power of Attorney termin		
	intes upon my incapacity or on whichever Arst occurs.	July 1, 1994
H. Revocation of Prior Powers, ata of this Power of Attorney. Revocation ttorney. In case of failure to strike, prior	I do/ds ast [strike one] revoke all par on does not affect the validity of an ac or powers are revoked.	wers of attorney I signed before the streeformed under a prior power of
aminate	odings for my person or for my est —— as guardian of my person, and	
s guardian of my estate, to serve in eac		•
Irst designated and named has/have fai	t. As a successor to my attorney. Such successor shall become my a led or coased to sprve as specified in	itorney in fact when the person(s)
	orney, whether designated and name	until a successor attorney in fact is ed in this Power of Attorney as such
K. Binding Effect, Any act or thine and my successors in interest, as th	ng performed by my attorney in fact e Statute provides.	under this Power of Attorney binds
	Margh	199 A, in _2 counterparts,
ach of which shall be considered an or	iginal.	
Counterpart No: 2	· Hearly M 1	mahen
	GERALYN M. BWI	CHAL'S SIGNATURE
	386 54 7 867 BWY	SOCIAL SECURITY NUMBER
	1212 Nuuanu Av	
	SCOPER DOS	96817-4022
		CITY, STATE AND AP CODE
STATE OF INDIANA		/ /
COUNTY OF LAKE	SEAL S	29.11
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Public In WOIANA III	nd State this 14h
lay of <u>March</u> , 199 <u>4, p</u> Attornoy, and acknowledged the execut ourposes therein stated.	tary Public in and for said County a personally appeared the principal r tion of it, as the voluntary act and de persunts set my handfand official seal	amed above, signed this Power of ed of the principal, for the uses and
TA AAVETAWAYA ALTERNATION, T HITACH	biological desiration of the latest the late	10 Care INV
	STEPHEN R. PL	Y PUBLIO 8 SIGNATURE
		IC 9 NAME, PRINTED OR TYPES
My Commission Expires; 2-9-97	Resident of	Lake Counts
This instrument prepared by	Stephen R. Place LUCAS, HOLCOMB & MEDRE	h Autoprey at Law
•	300 East 90th Drive, E	aston Court 'Million'
	•	na Har Association, Inc. (Printed Feb. 1992

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