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.

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POWER OF ATTORNEY

94025904

OF

RUTH M. SPENCER
(GRANTOR)

TO

MARLENE SMITH
(ATTORNEY-IN-FACT)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
APR 7 9 24 AM '94
SAM ROBACH
RECORDER

The undersigned hereby nominates, constitutes and appoints Marlene Smith whose address is 935 Ames Street, Hammond, Indiana 46320 as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

[Strike any paragraph not applicable]

(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; ~~[illegible]~~

~~XXXX

(7) Other powers specifically designated:

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, **reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.**

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

If protective proceedings for my person and/or estate shall be commenced, I hereby nominate _____ MARLENE SMITH _____ as Guardian(s) of my person and MARLENE SMITH _____ as Guardian(s) or Conservator(s), as the case may be, of my estate, to serve without bond to the full extent permitted by law.

The following named banks, savings and loan associations, investment firms, and/or other persons, firms or corporations listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation:

Holding Institution	Type of Account	Account Number
Any and all	Any and all	

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.

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SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS:

A. This Power of Attorney shall not be affected by my subsequent 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 Durable Power of Attorney Act.

~~B. This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, but shall become void on _____ (DATE) unless I shall have executed a proper instrument of revocation and have recorded it, or caused it to be recorded, in the Office of the Recorder of _____ County, State of Indiana.~~

~~C. This Power of Attorney shall automatically terminate and become null and void on _____ (DATE) unless I shall have executed a proper instrument of revocation and have recorded it, or caused it to be recorded, in the Office of the Recorder of _____ County, State of Indiana.~~

Signed this 11th day of May, 19 93 ~~xxxx