HC 30-5-5-21

real property transactions:

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

POWER OF ATTORNEY

JOSEPHINE A. MOENCH

PRINCIPAL

TO

WILLIAM A. MOENCH

ATTORNEY IN FACT

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:

rear property transactions,	[10 00.0.0.2]
tangible personal property transactions;	[IC 30-5-5-3]
bond, share, and commodity transactions;	[IC 30-5-5-4]
banking transactions; business operating transactions: Document is	[IC 30-5-5-5]
business operating transactions;	[IC 30-5-5-6]
insurance transactions; NOT OFFICIAL!	[IC 30-5-5-7]
beneficiary transactions;	[IC 30-5-5-8]
Äĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	XXXXIICXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
fiduciary transactions;	[IC 30-5-5-10]
claims and litigation; the Lake County Recorder!	[IC 30-5-5-11]
family maintenan <mark>ce;</mark>	[IC 30-5-5-12]
benefits from military service;	(IC 30-5-5-13)
records, reports, and statements;	[IC 30-5-5-14]
estate transactions;	[IC 30-5-5-15]
all other matters.	[IC 30-5-5-19]
	The state of the s

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

 General Provisions [IC 30-5-3]
 Liabilities [IC 30-5-9]

 Duties [IC 30-5-6]
 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
Centier Bank, LOFS,	checking	595349
Centier Bank, LOFS,	savings	50011527
Hobart Federal	savings	30-101163-4
Hobart Federal	CDs	
Citizens Federal S&L Assn. All other persons to whom this Power of Attorney	checking, Savi may be delivered may rely	ngs & CDs on its being in effect unless I
shall have executed a proper instrument revoking or charecorded, in the Office of the Recorder of	anging it and recorded such in the ke County, S	nstrument, or caused it to be State of Indiana.

F. Safe Deposit Box. I have a safe deposit Citizens Federal Savings as (BANKING INSTITUTION)	sit box, Number _9 nd Loan, Cro (BRANC)30 wn Point Branc H)	ch, Crown Point
I give my attorney in fact power to enter or have either individually or jointly with any other pe property to it, and to relocate such box within addition to those incorporated into this Power	rson. I give the power the banking institution	er also to remove prop tution or at another. I	erty from such box or add
G. Duration of Power of Attorney. S STRIKING ALL INAPPLICABLE PROVISION			
a. This Power of Attorney is not termin		<u>XXXXXXXXXXXXXX</u>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
######################################		XXXXXXXXX NOC	(DATE)
H. Revocation of Prior Powers. I do/date of this Power of Attorney. Revocation does attorney. In case of failure to strike, prior pow	s not affect the valid vers are revoked.	dity of an act perform	ed under a prior power of
I. Guardians. If protective proceedings nominate my son, William A. Moench as guardian of my estate, to serve in each case	s for my person or as guardian of my p e without bond as r	for my estate, or for person, and y son, v may be permitted by	both, are commenced, I Villian A. Moench law.
J. Successor Attorney in Fact. As	a successor to m successor shall be	ny attorney in fact ecome my attorney in	I designate and name fact when the person(s)
By giving me written notice while I am not During a period of my incapacity, my attorney authorized to act under this Power of Attorney, successor or selected by a court of competent.	in fact shall contin , whether designate	ue to serve until a su ed and named in this l	ccessor attorney in fact is
K. Binding Effect. Any act or thing per me and my successors in interest, as the State	formed by my attor ute provides.	ney in fact under this	Power of Attorney binds
Signed thisday ofeach of which shall be considered an original.	February	, 1994	, in <u>five</u> counterparts,
Counterpart No1	Otore	phino a.	Morenell
	Josephin 306-90-	0458A	ATURE
	11827 G	PRINCIPAL'S SOCIAL SECTION Street oint, Indiana	A6307
		PRINCIPAL'S STREET OR O	THER ADDRESS
STATE OF INDIANA	SEAL WOIANA THE	PRINCIPAL'S CITY, STATE	AND ZIP CODE
COUNTY OF LAKE) SS.			
Before me, the undersigned, a Notary Peday of February, 199 4, persona Attorney, and acknowledged the execution of	ally appeared the p	principal named abo	ve, signed this Power of
purposes therein stated.			
IN WITNESS WHEREOF, I have hereunt	o set my hand and c	official seal the day an	d year last above written.
.		NOTARY PUBLIC'S SI	GNATURE J
		L. Eastridge NOTARY PUBLIC'S NAME, PF	RINTED OR TYPED
My Commission Expires: Oct. 28, 19	96 Residen	t of Porter	County
This instrument Repared by Harry	Kneifel		, Attorney at Law.