94-348-H-A 11-17-94 me

Harry Knuffel
651 E. Third St
Hobart IN 46342

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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. 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 WHICH SHOULD ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF

MARGARET VAN OUSE
PRINCIPAL

TO

JO ANN LAUDANI
ATTORNEY IN FACT

95004842

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:

real property transactions;	[IC 30-5-5-2]
tangible personal property transactions;	[IC 30-5-5-3]
bond, share, and commodity transactions;	[IC 30-5-5-4]
banking transactions;	[IC 30-5-5-5]
business operating transactions;	[IC 30-5-5-6]
insurance transactions;	[IC 30-5-5-7]
beneficiary transactions;	[IC 30-5-5-8]
~~XXXX

F. **Safe Deposit Box.** I have a safe deposit box, Number N/A,
at _____ (BANKING INSTITUTION) _____ (BRANCH) _____ (CITY).

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

G. **Duration of Power of Attorney.** SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies]:

a. This Power of Attorney is not terminated by my incapacity.

~~b. This Power of Attorney terminates on _____ (DATE) _____ (TIME)~~

~~c. This Power of Attorney terminates upon my incapacity on _____ (DATE) _____ (TIME) which now is fixed as follows:~~

H. **Revocation of Prior Powers.** I do/~~do not~~ [strike one] revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

I. **Guardians.** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate Jo Ann Laudani as guardian of my person, and Jo Ann Laudani as guardian of my estate, to serve in each case without bond as may be permitted by law.

J. **Successor Attorney in Fact.** As a successor to my attorney in fact I designate and name _____. Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. **Binding Effect.** Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 17th day of November, 199 4, in five counterparts, each of which shall be considered an original.

Counterpart No. 1

Margaret Van Ouse
PRINCIPAL'S SIGNATURE

Margaret Van Ouse
PRINCIPAL'S NAME, PRINTED OR TYPED

307-42-5424
PRINCIPAL'S SOCIAL SECURITY NUMBER

150 S. Virginia Street
PRINCIPAL'S STREET OR OTHER ADDRESS

Hobart, IN 46342
PRINCIPAL'S CITY, STATE AND ZIP CODE

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RECORDER'S OFFICE SEAL INDIANA

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of November, 199 4, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Margie L. Eastridge
NOTARY PUBLIC'S SIGNATURE

Margie L. Eastridge
NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: Oct. 28, 1996 Resident of Porter County.

This instrument prepared by Harry R. Kneifel, Sr., Attorney at Law.