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

OF

JAMES R. MOLONEY

PRINCIPAL

TO

DIANE GERMAN

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:

erty transactions;		[IC 30-5-5-2]
personal property transactions;		[IC 30-5-5-3] (IC 30-5-5-4]
transactions; Document is		[IC 30-5-5-5]
operating transactions;		[IC 30-5-5-6]
transactions, NOTOFFICIAL		[IC 30-5-5-7]
ry transactions, AVOI OI TICIAL:		[IC 30-5-5-8]
actions. This Document is the property of		[IC 30-5-5-6] ©
Transactions:		[IC 30-5-5-10]
d Ittigation; the Lake County Recorder!		[IC 30-5-5-11]
aintenance;		[IC 30-5-5-12]
rom military service;		[IC 30-5-5-13]
eports, and statements;		[IC 30-5-5-14]
nsactions;		[IC 30-5-5-15]
matters.		[IC 30-5-5-19]
ough the Statute grants powers with respect to health care IIC 30-5-5-16	ar	d IC 30-5 5-17 9nd
The state of the s	bi	H. H.
	personal property transactions; transactions; operating transactions; operatin	personal property transactions; transactions; operating transactions; e transactions; This Document is the property of transactions; the Lake County Recorder! aintenance; rom military service; reports, and statements; unsactions; matters. lough the Statute grants powers with respect to health care [IC 30-5-5-16 ar 30-5-5-18], this Power of Attorney does not include them. Health care can be presented in the control of the

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 in

IN FURTHERANCE OF THESE POWERS, I government or new in fact to act on my behalf and to do for me and in my name those things which such attorney deems enterior ary 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 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 30-5-6]

Reliance [IC 30-5-8] Liabilities [IC 30-5-9] 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) 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):

Hole	ding Institution	Type of Account	Account Number			
 A 111	4 1		on its baing in offset unlogg T			

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 LAKE County, State of Indiana.

at(BANKING INSTITUTION)	(BRANCH)	(CITY)
I give my attorney in fact power to enter or either individually or jointly with any othe property to it, and to relocate such box wi addition to those incorporated into this Po	r person. I give the power also to rem thin the banking institution or at a	other safe deposit box in my name love property from such box or add
G. Duration of Power of Attorne STRIKING ALL INAPPLICABLE PROVE		
a. This Power of Attorney is not ter b. ************************************	XXXX	at
c. Yns ysaerarakanay kyannak	WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(TIME)
	NAXXXXXXXXXXX	(DATE)
H. Revocation of Prior Powers. I d date of this Power of Attorney. Revocation attorney. In case of failure to strike, prior	does not affect the validity of an act	
I. Guardians. If protective proceed nominate <u>Diane German</u> as guardian of my estate, to serve in each	as guardian of my person, and	Diane German
J. Successor Attorney in Fact. John Gallagher	As a successor to my attorney uch successor shall become my att	in fact I designate and name orney in fact when the person(s)
first designated and named has have failer serve.	or ceased to serve as specified in th	e Statute, or has/have declined to
By giving me written notice while lar During a period of my incapacity, my attor authorized to act under this Power of Attor successor or selected by a court of compete K. Binding Effect. Any act or thing	ney in fact shall continue to serve uney, whether designated and named ent jurisdiction to be such successor	ntil a successor attorney in fact is in this Power of Attorney as such
me and my successors in interest, as the S Signed this day of	Total Control of the	99 4 in 1 counterparts,
each of which shall be considered an origin		
Counterpart No	Comment of the second	moloney
attenting the second of the se		PAL'S SIGNATURE
	EDIO VI	6-5760
en de la companya de	PRINCIPAL'S SC	OCIAL SECURITY NUMBER
	2 36 W. 3	9th REET OR OTHER ADDRESS
	Eary, Inc	
		YTY, STATE AND ZIP CODE
STATE OF INDIANA		
COUNTY OF LAKE) SS.		94
Before me, the undersigned, a Notary of November	y Public in and for said County and	I State, this
day of, 199, pers Attorney, and acknowledged the execution ourposes therein stated.	onany appeared the principal nat	neu above, signeu inis i over or
IN WITNESS WHEREOF, I have here	unto set my hand and official sealth	e day an d year last above written.
	In G G	reslensen
		PUBLIC'S SIGNATURE
		Carstensen S NAME, PRINTED OR TYPED
My Commission Expires: 6-29-97	Resident of	LAKE County.
This instrument arenared by ERVIN C.	CARSTENSEN	

The Allen County Indiana Bar Association, Inc. (Printed Feb. 1992)

