s form has been prepared for use in the state of Indiana by Lawyers only. The selection of a form of H .awyer

POWER OF ATTORNEY

OF

PAUL A. BAKKER a/k/a PAUL BAKKER

PRINCIPAL

TO

JEAN BAKKER

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:

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real property transactions;	요즘 뭐 경독들을 속하는 어때 없다.	하는 집 생겨를 잃고 말을 것 같아?	[IC 30-5-5-2]
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delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided the eparate 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 with writing my initials opposite the deletion. Any power to be medified or added I have modified or added as follows: have verified by writing my initials in the space provided here in the margin].

> The power to endorse and deposit any funds received regardin the sale of the property located at 16301 White Oak Avenue, Lowell, IN, 46356, with Calumet National Bank.

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]

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):

Holding Institution			Type of Account	Account Number	
Calumet	Nat'1 Bank, St.	John, IN	Checking	745049-1	
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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 - County, State of Indiana. recorded, in the Office of the Recorder of.

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either individually or joint	tly with any other person. l	ess to that box and to give the power also	any other safe deposit box i o remove property from suc	n my name h box or add
property to it, and to relocated addition to those incorpor	cate such box within the b ated into this Power of At	eanking institution torney by reference	or at another. Powers here g	iven are in
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	KKKK XXXX KX KX KXXXXXX torney terminates on <u>Se</u>		at 12:00 midni	ght_
	E) XXXXXXXX MADRIMOSON N COMMEN X OF MINICENSIS MINICEN		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX
H. Revocation of P date of this Power of Attor	rior Powers. I do/Monot [strike one) revoke a ffect the validity of	l powers of attorney I signed in act performed under a pr	
nominate N/A	as gua	rdian of my person,		nmenced, l
197 4	to serve in each case with			
· N/A	Such succe	ssor shall become r	rney in fact I designate ny attorney in fact when th	e person(s)
first-designated and name serve.	d has/have lailed or ceased	I to serve as specifie	lin the Statute, or has/have	declined to
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			rye urtil a successor attorn	
authorized to act under the	is Power of Attorney, whet court of competent jurisd	her designated and r	amed in this Power of Attor	ney as such
K. Binding Effect.	Any act or thing performe	d by my attorney in	fact under this Power of Att	orney binde
- 2004年記録 - 100日本日本 - 100日 -	interest, as the Statute pr			
Signed this29t	The state of the s	ugust	, 199 5 in1 co	unterparts
each of which shall be con	isidered an original.			
Counterpart No		Paul Bull	20	
PAUL	A. BAKKER a/k/a	PAUL BAKKER	PRINCIPAL'S SIGNATURE	
	THE DESCRIPTION OF THE PERSON	R S PRINCI	309-70-4065 PAL'S SOCIAL SECURITY NUMBER	
			o Oak Avenue	
			AL'S STREET OR OTHER ADDRESS	
			e County, Indiana	46356
STATE OF INDIANA)	ZANA TITLE PHINC	PALS CITY, STATE AND ZIP CODE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
COUNTY OF LAKE) SS.)			
Before me, the under	rsigned, a Notary Public i	n and for said Coun	ty and State, this 29th	1
Attorney, and acknowledg	, 199 <u>5</u> , personally arged the execution of it, as t	peared the princip he voluntary act an	al named above, signed th I deed of the principal, for t	is Power o
purposes therein stated.			1	10
IN WITNESS WHER	LEOF, I have hereunto set n	anyon	eal the day and year last ab	ove written
kan kan da k Banaran da kan da k			OTARY PUBLIC'S SIGNATURE,	
			UBLIC'S NAME, PRINTED OR TYPED	*-
	March 10, 1997	Resident of	Lake	County
My Commission Expires:				
My Commission Expires:			Av., M'ville	_2× 1 Negt to the "To
			Av., M'ville, Attor	jaku Negri okiri. ™