## DURABLE POWER OF ATTORNEY

1. I, RITA L. OVERHAGE, whose address is 13301 S. Central Avenue, Crestwood, Illinois, hereby appoint:

Vnit 26 Key 35 - 136-16

Gregory J. Overhage 278 Mayflower Lane Bolingbrook, Illinois 60440

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 belowent is

(YOU MUST STRIKE OUT ANY ONE OF MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE A FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE CRANTEDOPOLITAE PACENTH TO STREET JOUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE CHITLE OF THAT GATEGORY.)

(a) Real estate transactions.

(b) Financial institution transactions.

(c) Stock and bond transactions.

(d) Tangible personal property transactions.

(e) Safe deposit box transactions.

(f) Insurance and annuity transactions.

(g) Retirement plan transactions.

(h) Social Security, employment and military service penefits.

(i) Tax matters.

(j) Claims and litigation

(k) Commodity and option transactions.

(1) Business operations.

(m) Borrowing transactions

(n) Estate transactions.

(o) All other property powers and transactions. SAM ORLEH

2. The powers granted above shall not include the following sor shall be modified or limited in the following particular you may include any specific productions. SAM ONLY COUNTY OF THE PRODUCTION OF THE PRODUC powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

## None

3. In addition to the powers granted above, I grant my agent the following powers: power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.

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(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANKER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF CATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

This Document is the property of

- 5. This power of kattorney Phall decome effective on August 31
- 6. This power of attorney shall terminate on , 1995 (insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).
- 7. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agents (ER)

For purposes of this paragraph 7, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED, TO DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 8 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

8. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. 9. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent. DATED this 3/ day of Aug us Signed: OVERHAGE, Principa A specimen signature certify that the signature of my agent (1s This Document is the the Lake Count OVERHAGE, STATE OF ILLINOIS COUNTY OF COOK

The undersigned, a notary public in and for the above county and state, certifies that RIFA is OVERHAGE, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth (and certified to the correctness of the signature of the agent).

Dated:

8-31-95

"OFFICIAL SEAL"
CHRISTINE CHERNEY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 1-17-96

Notary Public

County of Residence: KENDALL
My commission expires: 1-17-96

This document was prepared by:

Eugene M. Feingold, Esq. 707 Ridge Road, Suite 204 Munster, Indiana 46321