GENERAL POWER OF ATTORNEY (Durable)

he undersigned Principal residing at	1521 Tin	ber TRA	14	
JEFFE	RSON C.	179, MO.	65109	58
grant a general power of attorney to	LYdIA	PLSTON		20 A C C C C C C C C C C C C C C C C C C
esiding at	en e		territoris en	
nd appoint said individual as my att	torney-in-fact to act in	my name, place and	I stead in any way	which I myself could do i
vere personally present, with full po extent provided by law:	wer of substitution and	i revocation, includ	ing with respect to	the following matters to t
Cross out and initial powers n	ot given.			
(a) real estate transactions;	TO SIGN ALI	L CLOSING STAT	TEMENTS. AFF	DAVITS AND OTHER
(b) estate transactions; (c) insurance transactions;			-	LIMITED TO THE
(d) banking transactions;				ce, Gary, Indiana
(e) tax return execution and fill	Lots 37 & 38 b	1.5 Logan Parl	k addition to	Tolleston inthe
2 (f) claims and Hilgation;		of Ga	iry Lake Cou	inty Indiana
(g) business operating transacti	ions;		V.	
(h) personal property and good				
(i) bond, share and commodity	ruansactions;			
(j) financial records, reports ar	rd statements;			
(k) benefits decisions and trans				
(I) delegation of the authority	under this power of att	orney to any persor	i or persons whon	
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				8= . 6
Limitation of Powers of Attor	ney-in-Fact. I have de	eleted all powers ab	ove which I do no	
act by drawing a line through the re hrough the power above, my attorne				If I do not draw Aline
mough the power above, my attorne	sy-m-ract is granicu ea	en specific power if	sieu.	į. y
2. Additional Powers Granted to above, I hereby grant the following a	my Attorney-In-Fac	t. In addition to the	nowers granted to	my attorney-in-fact lister
above. I hereby grant the following	additional powers to m	v attornev-in-fact	Sporters granted to	
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		<i>F</i>	ED	
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	tteydd cann fair fawn ach ne cen fernau a daird mannaughaydd fynn di halladd ddodd chlar fyddin myddiglaed.		86 1/30	
		4Un SA	EB 26 Nag	
		AUDITOR	MOALICU	
	above "I Grant my atto	AUDITOR orney-in-fact power	MORITORY to d	o all acts on my behalf tha
	above "I Grant my atto	AUDITOR orney-in-fact power	MOALIGHY to d	o all acts on my behalf tha
Note: If you wish, you may write a could do personally, without any lin	above "I Grant my attonitation."	orney-in-fact power	HAMPHOORY to d	o all acts on my behalf tha

incompetence.

- 4. Requirements For Revocation of Power of Attorney. I may revoke this power of attorney by giving written notice to the attorney-in-fact. However, such revocation shall not be effective as to a third party who relies in good faith upon this power of attorney unless such third party has actual or constructive knowledge of the revocation or the revocation has been
- 5. Acceptance of Attorney-In-Fact Appointment. By signing this document, my attorney-in-fact accepts the appointment as my attorney-in-fact and agrees to comply with the terms and conditions of this instrument and act by my best interests in a fiduciary capacity. I affirm and ratify all acts of my attorney-in-fact taken in his best discretion.
- Subordination. If I grant the attorney-in-fact any power or authority with respect to making health care decisions on my behalf under this instrument and I have also signed a valid durable power of attorney for health care matters, this instru ment shall be subordinate to the durable power of attorney for health care matters.



recorded in the public records where I reside.

7. Other Terms and Conditions.

IN WITNESS WHEREOF, the following parti	es sign this instrument on this 30 th day of Jelne	1096
Ras Derton Witness	Principal (A/k/a LEO J. BOGEE	
Marcia I. Long Oly		
Witness STATE OF Missouri	Attorney-In-Fact	
SS: COUNTY OF Cole		
Before me personally appeared <u>LEO</u> Principal who acknowledged executing the fore	J. BOGEE SR going Power of Attorney as his or her free act and deed.	, the above-named
	Notary Public My Commission Expires: October 26, 19	Lora D.Roll
STATE OF		
COUNTY OF LAKE SS: Then personally appeared LYD/		_, the above-named.
Attorney-in-ract who acknowledged executing	the foregoing Power of Attorney as his or her free act and Alaul Dunes	id deed.
	Notary Public My Commission Expires:	
	3-27-99	

Read the instructions and other important information on the package. When using this form you will be acting as your own attorney since Rediform, its advisors and retailers do not render legal advice or services. Rediform, its advisors and retailers assume no liability for loss or damage resulting from the use of this form.

REDIFORM, 10205	GENERAL POWER OF ATTORNEY (Durable)	Principal	Attorney-In-Fact	2/20196	
	GENE			Dated:	
- a	•			· Name of	•