## **POWER OF ATTORNEY**

<b>OF</b>	
 ERNEST SMITH	<u> </u>
PRINCIPAL	
ТО	
PERCY & MARGARET SMITH, Husband and Wife	24
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 the power of Attorney incorporates into it the power here listed and confers general authority with respect to the power of Attorney incorporates into it the power here listed and confers general authority with respect to the power of Attorney incorporates into it the power here listed and confers general authority with respect to the power of Attorney incorporates into it the power here listed and confers general authority with respect to the language of the Statute describing powers, this power of Attorney incorporates into it the power here listed and confers general authority with respect to the language of the Statute describing powers, the power of Attorney incorporates into it the power here listed and confers general authority with respect to the language of the Statute describing powers here listed and confers general authority with respect to the language of the Statute described and the language o

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real property transactions;				[IC 30-5-5- <b>2</b> ]	10
tangible personal property transactions;				[IC 30-5-5-3]	EB
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banking transactions;				[IC 30-5⊈45]	
business operating transactions;			100	[IC 30-5 [6]	À
insurance transactions;				[IC 30-5-6-7]	
beneficiary transactions;				[IC 30-5-5\8]	ö
gift transactions;				[IC 30-5-5 <del>:</del> 9]	#
fiduciary transactions;	v v			[IC 30-5-5-10]	-
claims and litigation;				[IC 30-5-5-11]	
family maintenance;				[IC 30-5-5-12]	
benefits from military service;				[IC 30-5-5-13]	
records, reports, and statements;				[IC 30-5-5-14]	
estate transactions;				[IC 30-5-5-15]	
all other matters.				[IC 30-5-5-19]	

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate 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 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 here in the margin].

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):

monding montation	Type of Account	Account Mamber
First Federal Savings	Savings	
All other persons to whom this Power of Attorn	ney 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.

JC3 1.21

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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1	(BANKING INSTITUTION)	(BRANCH)	(CITY)
) ا	give my attorney in fact power to enter or have acce ither individually or jointly with any other person. I roperty to it, and to relocate such box within the b	give the power also to remove anking institution or at ano	property from such box or add
4.0	ddition to those incorporated into this Power of Att		I I Allima a management
•	G. Duration of Power of Attorney. SELECTRIKING ALL INAPPLICABLE PROVISIONS: [in	n case of insufficient striking	
	a. This Power of Attorney is not terminated b	oy my incapacity. (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
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	H. Revocation of Prior Powers. I do ANNOT Is ate of this Power of Attorney. Revocation does not attorney. In case of failure to strike, prior powers are	ffect the validity of an act pe	
-	I. Guardians. If protective proceedings for mominate Percy Smith as guardian of my estate, to serve in each case with	rdian of my person, and P	ercy Smith
	J. Successor Attorney in Fact. As a suc	ccessor to my attorney in	
	irst designated and named has/have failed or ceased erve.		
ŧ	By giving me written notice while I am not incaparing a period of my incapacity, my attorney in fact uthorized to act under this Power of Attorney, wheth uccessor or selected by a court of competent jurisdi	t shall continue to serve unti her designated and named in	l a successor attorney in fact is
	K. Binding Effect. Any act or thing performed and my successors in interest, as the Statute pro-	d by my attorney in fact undervides.	
í	Signed this 24th day of Februar ach of which shall be considered an original.		6 , in two counterparts,
	Counterpart No. 2 His Man	& Brost &	S SIGNATURE
		311-26-3519	O OIGITATURE
	. The second of	PRINCIPAL'S SOCIA	AL SECURITY NUMBER
		1342 Roosevelt Plac	e T OR OTHER ADDRESS
		Gary, Indiana 4640	
		PRINCIPAL'S CITY,	STATE AND ZIP CODE
,	THAT THE ATT A REAL AND A STATE OF T		
5	TATE OF INDIANA ) ) SS.		
(	) SS. COUNTY OF LAKE ) Before me, the undersigned, a Notary Public in	n and for said County and S	
	) SS. COUNTY OF LAKE ) Before me, the undersigned, a Notary Public in	n and for said County and S ppeared the principal name	d above, signed this Power of
(	) SS.  COUNTY OF LAKE )  Before me, the undersigned, a Notary Public in lay of <u>February</u> , 199 <u>6</u> , personally apostrorney, and acknowledged the execution of it, as the second s	n and for said County and Sopeared the principal name he voluntary act and deed of any hand and official seal the defended	d above, signed this Power of the principal, for the uses and lay and year last above written.
(	) SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in any of February 199 6, personally aposttorney, and acknowledged the execution of it, as the purposes therein stated.  IN WITNESS WHEREOF, I have hereunto set make the set of the set o	n and for said County and Speared the principal name he voluntary act and deed of my hand and official seal the decomposition.  NOTARY PUBLICANIA Terry C. Gray	d above, signed this Power of the principal, for the uses and lay and year last above written.
1	) SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in ay of February 199 6, personally apostrorney, and acknowledged the execution of it, as the surposes therein stated.  IN WITNESS WHEREOF, I have hereunto set make the county of the coun	n and for said County and Sopeared the principal name he voluntary act and deed of my hand and official seal the downward NOTARY PUBLIC'S NAME TETRY C. Gray	d above, signed this Power of the principal, for the uses and lay and year last above written.  LIC'S SIGNATURE  MME, PRINTED OR TYPED
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