LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215

CREACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

## POWER OF ATTORNEY

OF

## LEATHA STROM

PRINCIPAL

TO

## GREGORY STROM

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:

real property transactions;	[IC 30-5-5-2]
tangible personal property transactions;	[IC 30-5-5-3]
bond, share, and commodity transactions;	[IC 30-5-5-4]
banking transactions; / 100cument is	[IC 30-5-5-5]
business operating transactions;	[IC 30-5-5-6]
business operating transactions; insurance transactions; beneficiary transactions; beneficiary transactions;	[IC 30-5-5-7]
gift transactions; This Document is the property of	UC 30.5.5.01 🛨
fiduciary transactions; the Lake County Recorder!	[IC 30-5-5-10]
claims and litigation;	[IC 30-5-5-11] من
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 gave IIC 20 5	5 16 and IC 20 5 5 171 and

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):

	Type of Account	Account Number
Company of the Compan		
All other persons to whom this Power of Attorney shall have executed a proper instrument revoking or characteristics.		
recorded, in the Office of the Recorder of	AKE County,	State of Indiana.

F. Safe Deposit Box.	l have a safe deposi	t box, Number _		
at(BANKING INSTITUTION)		(BRANC	CH)	(CITY)
I give my attorney in fact poveither individually or jointly property to it, and to relocat addition to those incorporate	with any other pers e such box within t	on. I give the pow the banking insti	er also to remove prop tution or at another.	perty from such box or add
G. <b>Duration of Powe</b> STRIKING ALL INAPPLICA				WING PROVISIONS BY vision a applies]:
a. This Power of Attor b. <b>ጃክአጀክአማንደጃአክ</b> ክ	•	ted by my incapa	af	/TIAP
c. XXXXXXXXXXXXX	KIK KIK MIKIK KIK KIKIK			(TIME)
XX (TIME)				(DATE)
	or Powers. I do/do r y. Revocation does r	not (strike one) re not affect the vali		torney I signed before the ned under a prior power o
I. <b>Guardians.</b> If prote nominate <u>Gregory S</u> as guardian of my estate, to	trom as	guardian of my p	person, and <u>Greg</u>	r both, are commenced, ory Strom
	/			I designate and name
Ruth Strom first designated and named because	Such s	uccessor shall be ased to serve as s	come my attorney in	n fact when the person(s.
During a period of my incapa authorized to act under this F successor or selected by a con	city, my attorney ir Power of Attorney, w art of competent ju	n fact shall conting thether designate risdiction to be s	ue to serve until a su ed and named in this uch successor.	Power of Attorney as such
K. <b>Binding Effect. A</b> n me and my successors in inte			ney in fact under thi	s Power of Attorney binds
Signed this		December	100.5	, in <u>1</u> counterparts
each of which shall be consid		en title for my salvagementer mer state å more man my sen salvager for det mat fraktivest offigiglich folden.	100 manage	, iii counterparts
Counterpart No. 1		0	40 08	
		J. Re	atha Str	m
		THE PARTY OF THE P	PRINCIPAL'S SIGN	
	E.	Skiller Of S	315-52-55 PRINCIPAL'S SOCIAL SEC	
			341 N. Lin	
			PRINCIPAL'S STREET OR C	
	E	SEAL	Hobart, In	diana 46342
		NDIANA	PRINCIPAL'S CITY, STATE	AND ZIP CODE
STATE OF INDIANA		dillib	- '/	
	SS.			
COUNTY OF LAKE				11 th
Before me, the undersign day of <u>December</u> , Attorney, and acknowledged purposes therein stated.	199 5, personall	y appeared the p	principal named abo	ve, signed this Power o
•	)F I have hereuntos	set my hand and o	official seal the day ar	d year last above written
***************************************	, i nave her cancor		C Can	Tenser
			NOTARY PUBLIC'S S	GNATURE
			ERVIN C. C	
My Commission Expires:	6-29-97		NOTARY PUBLIC'S NAME, PR	
				·
This instrument prepared by	503 Main St	.,Hobart, I	ndiana 46342	, Attorney at Law