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MORRIS W. CARTER

GENERAL DURABLE POWER OF ATTORNEY

By this General Durable Power of Attorney, I name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code (I.C.) 30-5, as it exists now and is amended in the future.

I, **Gina M. Arden** of LAKE County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate my brother, **Paul D. Arden**, as my true and lawful attorney-in-fact.

1. POWERS:

I give to my above-named attorney-in-fact or attorneys-in-fact, as applicable, including any successor attorney-in-fact or attorneys-in-fact, the powers specified in this section to be used on my behalf, provided, however, that my attorney-in-fact or attorneys-in-fact, as applicable, shall not have any power which would cause my attorney-in-fact or attorneys-in-fact, as applicable, to be treated as the owner of any interest in my Property (including, but not limited to, retained interests in property given to me by the attorney-in-fact or attorneys-in-fact, as applicable) and which would cause that property to be taxed as owned by the attorney-in-fact or attorneys-in-fact, as applicable.

(a) **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2.

I hereby ratify and confirm all that my attorney-in-fact or attorneys-in-fact, as applicable, shall do by virtue of the above powers.

2. EFFECTIVE DATE: January 7, 1997

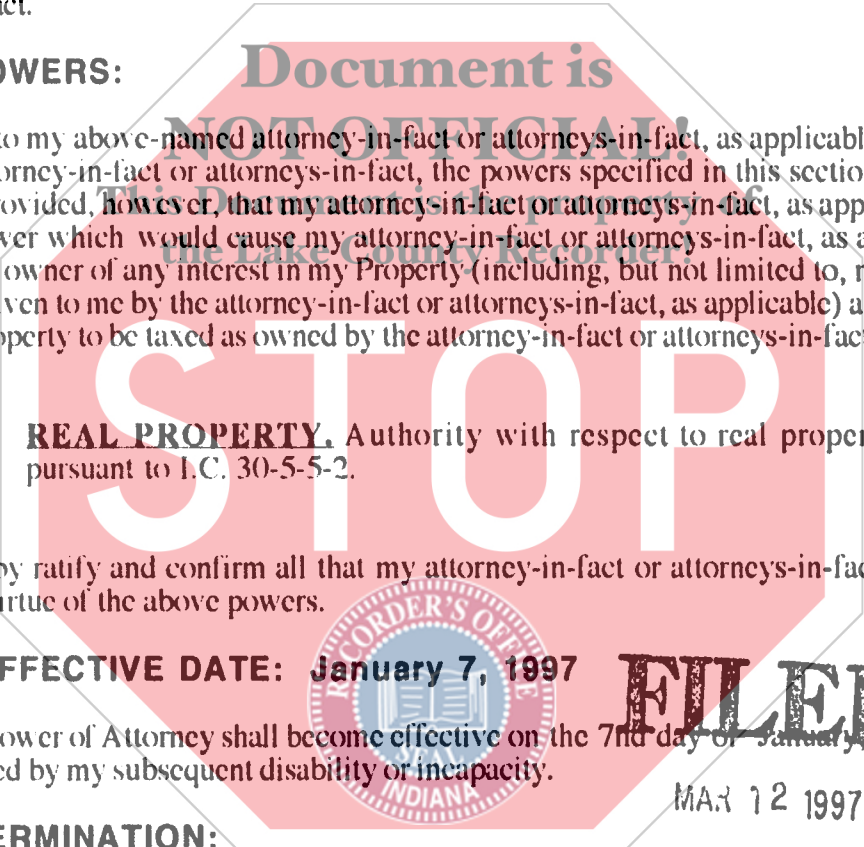
This Power of Attorney shall become effective on the 7th day of January, 1997, and shall not be affected by my subsequent disability or incapacity.

3. TERMINATION:

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have signed a written instrument of revocation and recorded the same in the Recorder's Office of the county of my domicile; provided, however, that if this Power of Attorney was recorded, then the instrument of revocation must be recorded in the same Recorder's Office as this Power of Attorney was recorded (which, if different from the Recorder's Office of the county of my domicile, will require recording of the instrument of revocation in the Recorder's Office of the county of my domicile and the Recorder's Office where this Power of Attorney was recorded) and must reference the book and page or instrument number where this Power of Attorney is recorded.

FURTHER, I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON, WHO, IN GOOD FAITH, ACTS UNDER THIS POWER OF ATTORNEY OR TRANSACTS BUSINESS WITH MY ATTORNEY-IN-FACT OR ATTORNEYS-IN-FACT, AS

45-561-3



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SAM ORLICH
AUDITOR LAKE COUNTY

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Handwritten initials/signature

APPLICABLE, IN RELIANCE UPON THIS POWER, WITHOUT ACTUAL KNOWLEDGE OF ITS REVOCATION.

5. REIMBURSEMENT OF EXPENSES/COMPENSATION:

My attorney-in-fact or attorneys-in-fact, as applicable, shall be entitled to reimbursement of all reasonable expenses advanced by my attorney-in-fact or attorneys-in-fact, as applicable, on behalf of me.

Also my attorney-in-fact or attorneys-in-fact, as applicable, shall be entitled to a reasonable fee for services rendered. My attorney-in-fact or attorneys-in-fact, as applicable, shall, not later than twelve (12) months after the date the service is rendered, notify me in writing of the amount claimed as compensation for rendering the service.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day 7 of January, 1997.

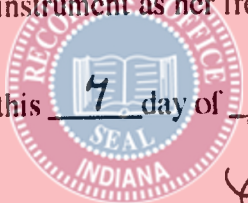
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Gina M. Arden
Gina M. Arden

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Gina M. Arden who acknowledged the execution of the foregoing General Durable Power of Attorney and delivered said instrument as her free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial Seal this 7 day of January, 1997.



Patricia A. Rees
Signature of Notary Public

Patricia A. Rees
Notary Public

My Commission Expires: 7-5-99

My County of Residence: Lake

This Instrument Prepared by: Patricia A. Rees, Attorney at Law
600 W. Ridge Road, P.O. Box 488
Hobart, Indiana 46342

