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LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

POWER OF ATTORNEY

OF
ELAINE SLAVIK

PRINCIPAL

TO

MICHAEL W. BACK
ATTORNEY IN FACT

97022966

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;

- ~~transfer of real property interests;~~
- ~~purchase of real property interests;~~
- ~~leasehold interests;~~
- ~~business operations;~~
- ~~insurance transactions;~~
- ~~banking transactions;~~
- ~~contracts;~~
- ~~fiduciary transactions;~~
- ~~claims and litigation;~~
- ~~family maintenance;~~
- ~~benefits from military service;~~
- ~~records, reports, and statements;~~
- ~~other transactions;~~
- ~~other matters.~~

- (IC 30-5-5-2)
- (IC 30-5-5-3)
- (IC 30-5-5-4)
- (IC 30-5-5-5)
- (IC 30-5-5-6)
- (IC 30-5-5-7)
- (IC 30-5-5-8)
- (IC 30-5-5-9)
- (IC 30-5-5-10)
- (IC 30-5-5-11)
- (IC 30-5-5-12)
- (IC 30-5-5-13)
- (IC 30-5-5-14)
- (IC 30-5-5-15)
- (IC 30-5-5-16)
- (IC 30-5-5-17)

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APR 11 1997

SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED

Note: Though the Statute grants powers with respect to health care, IC 30-5-5-16 and IC 30-5-5-17 and 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):

Holding Institution	Type of Account	Account Number
THE ASSOCIATES	Ford Reward Program	01133314-0300256
LAWYERS TITLE INSURANCE		

All other persons to whom this Power of Attorney 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 _____ County, State of Indiana.

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at _____ (BANKING INSTITUTION) _____ (BRANCH) _____ (CITY)

XX
XX
XX

G. Duration of Power of Attorney. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies]:

XX
XX at _____ (TIME)
XX (DATE)

c. This Power of Attorney terminates upon my incapacity or on MAY 31, 1997 (DATE)
at 12:00 p.m. (TIME), whichever first occurs.

H. Revocation of Prior Powers. I do ~~not~~ revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

XX
XX
XX

XX
Such successor shall become my attorney in fact when the person(s) designated herein has ~~not~~ failed to respond to requests specified in the Statute or has declined to
serve.

During a period of my incapacity, my attorney in fact shall continue to exercise my powers as attorney in fact is authorized to act under this Power of Attorney whether designated and named in this Power of Attorney or such successor or selected by a court of competent jurisdiction in the state process.

K. Binding Effect. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 4th day of April, 1997, in _____ counterparts,
each of which shall be considered an original.

Counterpart No. _____

Elaine Slavik
PRINCIPAL'S SIGNATURE
ELAINE SLAVIK
304-58-8052
PRINCIPAL'S SOCIAL SECURITY NUMBER
400 - 6th Street, S.W.
PRINCIPAL'S STREET OR OTHER ADDRESS
Childress, TX 79201-5524
PRINCIPAL'S CITY, STATE AND ZIP CODE



STATE OF INDIANA)
) SS.
COUNTY OF)

Before me, the undersigned, a Notary Public in and for said County and State, this 4th day of April, 1997, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Angie Veld
NOTARY PUBLIC'S SIGNATURE
Angie Veld
NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 10-18-97 Resident of Childress County.

This instrument prepared by MICHAEL W. BACK, ONE PROFESSIONAL CENTER, SUITE 204, CROWN POINT, IN 46307, Attorney at Law.

