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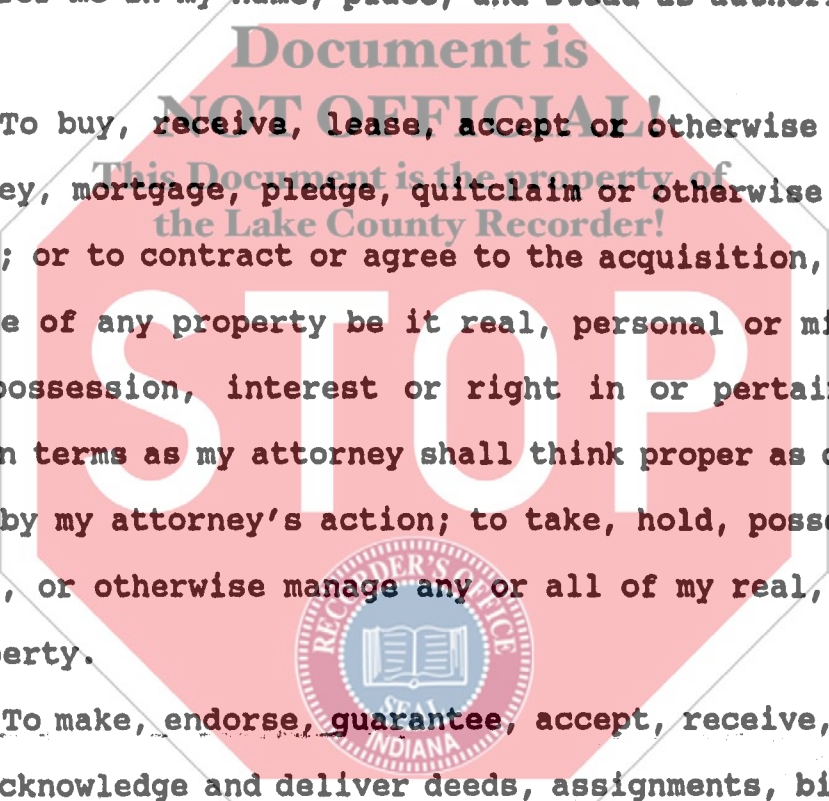
DURABLE POWER OF ATTORNEY

I, Leda E. Sell, of Lake County, State of Indiana, being an adult and mentally competent do hereby designate and appoint Elaine C. Crosier, 4177 North Michael Place, Michigan City, Indiana, 46360, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, and personal decisions for me in my name, place, and stead as authorized in this document.

1. To buy, receive, lease, accept or otherwise acquire; to sell, convey, mortgage, pledge, quitclaim or otherwise encumber or dispose of; or to contract or agree to the acquisition, disposal or encumbrance of any property be it real, personal or mixed, or any custody, possession, interest or right in or pertaining to the property on terms as my attorney shall think proper as conclusively evidenced by my attorney's action; to take, hold, possess, convert, lease, let, or otherwise manage any or all of my real, personal or mixed property.

To make, endorse, guarantee, accept, receive, sign, execute, acknowledge and deliver deeds, assignments, bills of sale, agreements, certificates, checks, notes, mortgages, bonds, vouchers, receipts, releases and other instruments in writing of whatever kind and nature as may be necessary, convenient or proper;

3. To make deposits or investments in or withdrawals from any account, holding or interest that I may now or hereafter have or be entitled to in any banking, trust or investment institution including postal savings depository offices, credit unions, savings



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MORRIS W. CASTER
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

APR 17 1997

SAM CRUICK
AUDITOR
LAKE COUNTY

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and loan associations and similar institutions; to exercise any right, option or privilege pertaining to these; and to open or establish accounts, holdings or interests of whatever kind or nature with any institution, in my name or in my attorney's name or in both our names jointly, either with or without right of survivorship; to institute, prosecute, defend, compromise, settle, arbitrate, assign, release and dispose of legal, equitable or administrative hearings, actions, suits, attachments, arrests, claims, liens, levies, distresses or other proceedings or otherwise engage in litigation;

4. To engage and dismiss agents, counsels, attorneys, accountants and employees and to appoint and remove at pleasure any substitute for or agent of my attorney in respect to all or any of the matters or things mentioned in this instrument and on terms as my attorney shall think fit in connection with the premises;

5. To prepare, execute and file income, ad valorem, gift, estate and other tax returns and other governmental reports, declarations, applications, requests and documents;

6. To act as my attorney--in fact--or proxy with regard to any policy of insurance on my life and in that capacity to exercise any right, privilege or options that I may have under or pertaining to the policy excluding however the right to change the beneficiary, the right to change the method of payment of the insurance proceeds and the right to make a cash surrender of the policy as distinguished from the surrender of the policy for loan, conversion or other purposes.

7. To authorize health care providers to undertake and complete those steps necessary to maintain my health and well being, to admit or release me from a hospital or health care facility, to have access to all medical records, and to have all powers authorized by Indiana Code 30-5-5-16.

GIVING AND GRANTING to my attorney full power and authority to do and perform all and every act, deed, matter and thing in and about my estate, property and affairs as fully and effectually to all intents and purposes as I might or could do in my own proper person if personally present. The above especially enumerated powers being an aid and exemplification of the full, complete and general power granted and not in limitation or definition of the power; and ratifying all that my attorneys shall lawfully do or cause to be done by virtue of this power.

I declare that any act or thing lawfully done under this power by my attorney shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the act or thing shall have been done before or after my death or other ratification of this instrument unless and until actual notice of my death shall have been received by any person acting in reliance on this power.

This power of attorney shall be effective immediately and shall not be affected by my subsequent disability or incapacity. This power of attorney may be filed for record in any public office.

IN WITNESS WHEREOF, I have signed this instrument on this 1st day of April, 1997.

Leda E Sell
LEDA E. SELL

STATE OF INDIANA, COUNTY OF PORTER, SS:

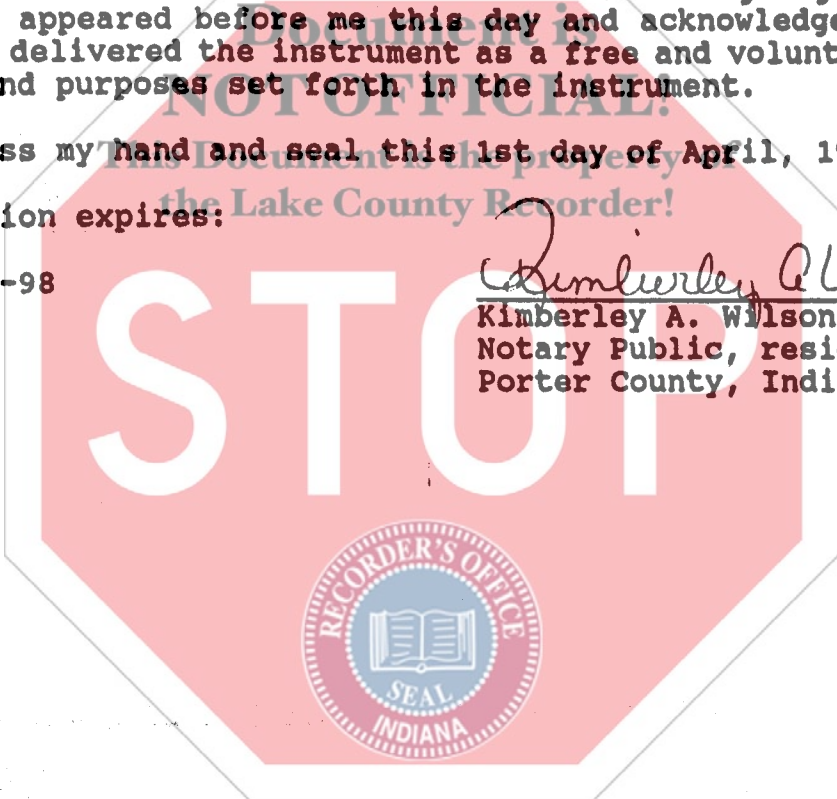
I certify that LEDA E. SELL, personally known to me to be the same person whose name is subscribed to the foregoing instrument personally appeared before me this day and acknowledged that she signed and delivered the instrument as a free and voluntary act for the uses and purposes set forth in the instrument.

Witness my hand and seal this 1st day of April, 1997.

My commission expires:

08-28-98

Kimberley A. Wilson
Kimberley A. Wilson
Notary Public, residing in
Porter County, Indiana



This Instrument Prepared By:
Russell D. Millbranth
MILLBRANTH & BUSH
Attorneys and Counselors at Law
175 West Lincolnway, Suite H
P.O. Box 232
Valparaiso, IN 46384-0232

(219) 531-2552

IN WITNESS WHEREOF, I have signed this instrument on this 1st day of April, 1997.

Leda E. Sell
LEDA E. SELL

STATE OF INDIANA, COUNTY OF PORTER, SS:

I certify that LEDA E. SELL, personally known to me to be the same person whose name is subscribed to the foregoing instrument personally appeared before me this day and acknowledged that she signed and delivered the instrument as a free and voluntary act for the uses and purposes set forth in the instrument.

Witness my hand and seal this 1st day of April, 1997.

My commission expires:

08-28-98

Kimberley A. Wilson
Kimberley A. Wilson
Notary Public, residing in
Porter County, Indiana



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