THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A

POWER OF	
FILED	7069
ULT 14 1997 CHARLES S. BE	ĬŌ.
PRINC	CIPAL
SAM ORLICH T	0
JDITOR LAKE COUNTY CHARLES D. BE	AL

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 attemey 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 descriping powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect the hem:

real property transactions;	ුරු ල්ලීම නිදුම්
tangible personal property transactions;	= tn [IC40-531-8]≥
bond, share, and commodity transactions;	[ICa0-55-4]P
banking transactions;	²⁰ [IC30-5-5-5]
business operating transactions;	[IC 30-5-5-6]
insurance transactions;	[IC 30-5-5-7]
beneficiary transactions;	[IC 30-5-5-8]
gift transactions;	[IC 30-5-5-9]
fiduciary transactions;	[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):

N/A	N/A	N/A

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 Lake County, State of Indiana.

0007433

F. Safe Deposit Box. I have a safe deposit box	x, Number <u>N/</u>	<i>f</i>	,
at(BANKING INSTITUTION)	(BRANCH)		(CITY)
I give my attorney in fact power to enter or have acceeither individually or jointly with any other person. I property to it, and to relocate such box within the baddition to those incorporated into this Power of At	l give the power also to panking institution or	remove property from such	box or add
G. Duration of Power of Attorney. SELEC STRIKING ALL INAPPLICABLE PROVISIONS: [in			
a. This Power of Attorney is not terminated bb. This Power of Attorney terminates on <u>Se</u>	by my incapacity. ptember 30, 1998 (DATE)	at 12:00 a.m. (TIME)	· · · · · · · · · · · · · · · · · · ·
c. This Power of Attorney terminates upon-n at, whichever fi	ny incapacity or on rst occurs.	(DATE)	
H. Revocation of Prior Powers. I do/do not [date of this Power of Attorney. Revocation does not a attorney. In case of failure to strike, prior powers as	strike one] revoke all affect the validity of a		
I. Guardians. If protective proceedings for nominate as guardians.	rdian of my person, a	nd	menced, I
as guardian of my estate, to serve in each case with	• •	•	_
J. Successor Attorney in Fact. As a su			
first designated and named has/have failed or cease serve.	d to serve as specified	in the Statute, or has/have of	leclined to
By giving me written notice while I am not inca During a period of my incapacity, my attorney in fac authorized to act under this Power of Attorney, whet successor or selected by a court of competent jurisd	et shall continue to see her designated and n	rve until a successor attorne amed in this Power of Attorn	y in fact is
K. Binding Effect. Any act or thing performe me and my successors in interest, as the Statute pr		act under this Power of Attor	rney binds
Signed this 19th day of Septement each of which shall be considered an original.	ber	, 199 7, in <u>10</u> cou	nterparts,
Counterpart No3	$\Omega \Omega \Omega$	010	
	Charles	S. Blak	
	Charles S. 405-40-1	PRINCIPAL'S SIGNATURE	
	PRINCIPA	AL'S SOCIAL SECURITY NUMBER	
	10041_co	ncho Drive L'S STREET OR OTHER ADDRESS	<u></u>
		AZ 86401-8168	
		AL'S CITY, STATE AND ZIP CODE	
STATE OF INDIANA)			
) SS. COUNTY OF LAKE)			
Before me, the undersigned, a Notary Public iday of <u>September</u> , 1997, personally a Attorney, and acknowledged the execution of it, as to purposes therein stated.	ppeared the principa	l named above, signed this	
IN WITNESS WHEREOF, I have hereunto set r	my hamd and official so	eal the damand year last about	ve written.
		TARY PUBLIC'S SIGNATURE	····
	Barbara L. B		
My Commission Expires:June 23, 2001		JBLIC'S NAME, PRINTED OR TYPED Lake	Country
My Commission Expires:	Resident of		County.
This instrument prepared by <u>David Saks</u> , 6936 Attorney I.D. No	Indianapolis Bl	vd., Hammond, INAttorn	ey at Law.

The Allen County Indiana Bar Association, Inc. (Printed Feb. 1992)