

27-149-28

DURABLE POWER OF ATTORNEY

This date August 22, 1997

I, Cheryl Zigterman Sabens of the City/Town of Crawfordsville

County of Montgomery, State of Indiana, hereby appoint Carol Zigterman

of the City/Town of Highland, County of Highland State of Indiana,
as my true and lawful Attorney, for me and in my place and stead, with full power of substitution

FILED

My true and lawful Attorney shall have the power to:

OCT 17 1997

1. make, indorse, draw and accept promissory notes, checks, bills of exchange, drafts or other negotiable instruments; and to enter any lock box I may have in any banking institution;
2. exercise such rights, voting or otherwise, as I may have in any corporation, by virtue of my ownership of any stock, bonds, or securities therein, either absolutely or collateral;
3. receive, demand, sue for and recover all property—real or personal, claims, debts, moneys, accounts, legacies, demands, dividends, annuities, proceeds of insurance, recoveries—that are now due or may hereafter become due;
4. adjust, compromise, and execute releases, therefore, as my attorney shall deem fit;
5. to make, execute, and deliver any deed, mortgage or lease in respect of any of my lands and buildings, or any part thereof;
6. to buy, sell, trade, mortgage, hypothecate, and deal in personal property of any kind or nature;
7. to execute, file, examine, and request copies of any and all tax returns required by the United State or any political subdivision thereof, whether filed by me, or jointly with others;
8. to transact any and all business for me and to do such other acts as may be necessary or desirable to be done to save, protect or promote my business or property, and with the same force and effect as if I were personally present.

**SAM ORLICH
AUDITOR LAKE COUNTY**

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Furthermore, this Power of Attorney shall not be affected by subsequent disability, or incapacity, or by lapse of time, and shall continue in effect until revoked by me in writing.

And I do hereby ratify and confirm all that my said Attorney, or his substitute, shall do or cause to be done by virtue of this power of attorney.

State of Indiana, County of LAKE, ss

Before me, the undersigned, a Notary Public in and for said County this date Aug 22, 1997 came, CHERYL ZIGTERMAN-SABENS, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My commission expires 5-11-99

Bette Saxina, Notary Public
Signature

BETTE SAXINA (Printed)

This instrument prepared by: Cheryl Zigterman-Sabens Resident of LAKE County

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 OCT 20 AM 9:51
MOPHIS W. CARTER
NOTARY PUBLIC

001035

TICOR TITLE INSURANCE
Crown Point, Indiana

Return: Sand Ridge Road
Achu

