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 LAWYER. 6/287

## **POWER OF ATTORNEY**

C	OF HARLES J. FASO	. <u> </u>
	PRINCIPAL PRINCIPAL	97
	ТО	0
no		071900
RO	SALTE JEAN FASO TTORNEY IN FACT	<u> </u>
	r Indiana Code 30-5, as it may be d, or replaced (the "Statute")	00
I, as principal, designate and name the	person whose name appears above	e to be my attorney in fact.
A. Powers. According to the Statute, a attorney incorporates the power. Therefore, I Power of Attorney incorporates into it the power.	by referring to the language of the	Statute describing powers, this
real property transactions;  **MINISTRATE TO THE PROPERTY TO T		RC 30 16-5-21   S   S   S   S   S   S   S   S   S
KENSKKSKSKSKSK HKRISKRSKSKSKSK HERSKSKSKSKSKSK HERSKSKSKSKSKSKX	OCT 21 1997	ARRENORALK ARRENORALK ARRENORALK
AKORKANAKANAKA AKORKKANAKANAKA AKORKKANAKANAKANAKANA AKORKKANAKANAKANAKANA AKORKKANAKANAKA AKORKANAKANAKA AKORKANAKANAKA AKORKANAKANAKA AKORKANAKANAKA AKORKANAKANAKANAKA AKORKANAKANAKANAKANAKANAKANAKANAKANAKANAKAN	SAM ORLICH AUDITOR LANT OOUR	AKKRADOKKIK ASKRADOKKIK AKKRADOKKIK AKKRADOKKIK AKKRADOKKIK ASKRADOKKIK
[Note: Though the Statute grants power delegation [IC 30-5-5-18], this Power of Attorn power of attorney concerning health care.]  Any power I do not wish to incorporate i my initials opposite the deletion. Any power have verified by writing my initials in the sp	ey does not include them. Health ca nto this Power of Attorney I have do to be modified or added I have mo	re can be provided in a separate eleted by lining out and writing
IN FURTHERANCE OF THESE POWE me and in my name those things which such a this Power of Attorney, as fully as I could do B. Reservation of Power to Act and to own behalf and also to revoke or amend this C. Chapters of Statute Also Applicate	ttorney deems expedient to and nece for myself. to <b>Revoke.</b> I reserve unto myself, I Power of Attorney.	essary to effectuate the intent of nowever, the power to act on my
Attorney and acts performed under it:  Definitions [IC 30-5-2]  General Provisions [IC 30-5-3]  Duties [IC 30-5-6]	1	Reliance [IC 30-5-8] Liabilities [IC 30-5-9] Permination [IC 30-5-10]
D. Liability of Attorney in Fact. As peattorney in fact is liable only if my attorney in		oal, specifically provide that my
E. Reliance on Power of Attorney. holding institution(s) named in this Paragrap this Power of Attorney being in effect unless and delivered such instrument, or caused it to	h E and the banking institution na I shall have executed a proper instr	ned in Paragraph F may rely on
Holding Institution	Type of Account	Account Number

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

\_ County, Stale of Indicate.

recorded, in the Office of the Recorder of Lake

- 4	bate Deposit Dox. I have a safe d	eposit box, Number	
at	BANKING INSTITUTION)	(BRANCH)	(CITY)
either in property	dividually or jointly with any other	r person. I give the power also to re thin the banking institution or a	other safe deposit box in my name move property from such box or add another. Powers here given are in
	<b>Duration of Power of Attorne</b> NG ALL INAPPLICABLE PROVIS		E FOLLOWING PROVISIONS BY iking, provision a applies]:
b.	Albis Power of Attorney terminate	es on November 15, 1997	TIME
XX XX	tisnicontración de la produción de la produció	escupion mogadas sesponoi figuras noncuese: Sesponoses disest noncueses	(DATE)
date of th		does not affect the validity of an a	wers of attorney I signed before the ct performed under a prior power of
nominat	e	_ as guardian of my person, and	ate, or for both, are commenced.
as guard	lian of my estate, to serve in each	case without bond as may be peri	nitted by law.
first desi		ach successor shall become my a	y in fact I designate and name attorney in fact when the person(s) the Statute, or has/have declined to
serve.			
During a authoriz	a period of my incapacity, my attor	ney in fact shall continue to serve ney, whether designated and nam	n fact may resign or decline to serve.  Until a successor attorney in fact is ed in this Power of Attorney as such sor.
K.	Binding Effect. Any act or thing	performed by my attorney in fact	under this Power of Attorney binds
	my successors in interest, as the S		
	ned this <u>15th</u> day of		, $199 \underline{7}$ , in $\underline{1}$ counterparts,
	part No	CV.	200
		336-26	ICIPAL'S SIGNATURE
		PRINCIPAL'S	SOCIAL SECURITY NUMBER
		15763 F	STREET OR OTHER ADDRESS
		MUNSTEL	TAN LL ROLL
			CITY, STATE AND ZIP CODE
STATE (	OF INDIANA )		,
COUNT	·		•
day of _ Attorney	Tore me, the undersigned, a Notary October, 199 _7, pers y, and acknowledged the execution s therein stated.	onally appeared the principal n	amed above, signed this Power of ed of the principal, for the uses and
IN	WITNESS WHEREOF, I have here	unto set my hand and official seal  NOTAR	the day and year last above written.  ALKO Y PUBLIC'S SIGNATURE
		Kristen Cook F	aso C'S NAME, PRINTED OR TYPED
My Com	mission Expires: April 1, 19		•
This instrument prepared by <u>Timothy F. Kelly, 9250 Columbia Avenue</u> , Attorney at Law. Suite 2A, Munster, Indiana 46321			