STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

OCT 27 1997

97-2680-BTI

97 OCT 29 AM 9: 08

SAM ORLICH

POWER OF ATTORNEY

		OF	
		•	
	ROSA L. M	CROY	
	PRI	NCIPAL	
		то	
	ROBERT L.	LEWIS	
		IEY IN FACT	
a made u	nder Indiana Code 30-5, as it m	ay be amended, or replaced (the "Statu	te")
I, as principal, designate and name the per	non whose name appears above	to be my attorney in fact.	
A. POWERS. According to the Statute, an referring to the language of the Statute descri- respect to them:			
real property transactions;	(IC 30-5-5-2)	fiduciary transactions;	[IC 30-6-5-10]
tangible personal property transactions; bund, share, and commodity transactions;	[IC 30-5-5-3] IIC 30-5-5-4]	claims and litigation; family maintenance;	[IC 30-5-5-11] [IC 30-5-5-12]
banking transactions;	(IC 30-6-5-5)	benefits from military service;	100 100 100 100 100 100 100 100 100 100
business operating transactions;	(IC 30-5-5-6)	records, reports, and statemen	its; (IC 30-5-5-14)
insurance transacitons;	[IC 80-5-5-7]	estate transactions; all other matters.	[IC 80-5-6-16]
beneficiary turnsactions; gift transactions;	(IC 30-5-5-8) (IC 30-5-5-9)	all other matters.	(1C 30-5-5-19)
[Note: Though the Statute grants powers with reinclude them. Health care can be provided in	spect to health care (IC 30-5-5-) s separate power of attorney co	l6 and IC 30-5-6-17] and delegation [IC 30 neerning health care.])-5-5-18], this Power of Attorney does not
Any power I do not wish to incorporate into modified or added I have modified or added as	this Power of Attorney I have de follows: [and have verified by	leted by lining out and writing my initials writing my initials in the space provided	s opposite the deletion. Any power to bo d here in the margin .
N/A	N/A		
IN FURTHERANCE OF THESE POWERS, I gi	a the intent of this Power of At	torney, as fully as I could do for myself.	
B. RESERVATION OF POWER TO ACT AN this Power of Attorney.			
C. CHAPTERS OF STATUTE ALSO APPLI Definitions [IC 30-5-2]	CABLE. The following chapters	of the Statute also apply to this Power of the Reliance (IC	of Attorney and acts performed under it: 30.K.R.1
General Provisions (IC 80-5-3)		Liabilities [10	
Duties [IC 80-5-6]		Termination	•
D. LIABILITY OF ATTORNEY IN PACT. As fact acts in bad faith.			
E. RELIANCE ON POWER OF ATTORNES and the banking institution named in Paragraph changing it and delivered such instrument, or	i F may rely on this Power of Att	erncy being in effect unless I shall have e	nstitution(s) named in this Paragraph E xecuted a proper instrument revoking or
Holding Institution		Type of Account	Account Number
N/A		N/A	N/A
		on the heiner in affect unless I shall bears	wanted a manar instrument sembles a
All other persons to whom this Power of Attochanging it and recorded such instrument, or Indiana.	caused it to be recorded, in the	e Office of the Recorder of	Ke County, State of

	(Banking institution)		(RRANCII)	(CITY)
erson. I give the p	ney in fact power to enter or have power also to remove property fro addition to those incorporated in	m such box or add propert	y to it, and to relocate such box with	ame either individually or jointly with any other hin the banking institution or at another. Puwers
G. DURATION	OF POWER OF ATTORNEY. SEliking, provision a applies;	LECT ONLY ONE OF THE I		KING ALL INAPPLICABLE PROVISIONS: (In case
	wer of Attorney is not terminated wer of Attorney terminates on	l by my licapacity.	Ler 31. 1997	11:59 p.m.
b. Trus Pow	wer of Autorney terminates on	(DA)	n)	(TIME)
c. This Pow	wer of Attorney terminates upon	my incapacity or on		(LMTF.)
at	(TIME) , whicheve	ar first occurs.		
H. REVOCATE	ION OF PRIOR POWERS, I do/do	o not (strike one) revoke a	ill powers of attorney I signed beforency. In case of failure to strike, p	re the date of this Power of Attorney. Revocation powers are revoked.
f my person, and	l	as guard	liun of my estate, to serve in each	nominate as guardian case without bond as may be permitted by law
J. SUCCESSON hall become my a eclined to scrve.	attorney in fact when the persor	ccessor to my attorney in i(s) first designated and	fact I designate and name named has/have failed or ccased t	. Such successor to serve as specified in the Statute, or has/have
ect shall continue	vritten notice while I am not incur o to serve until a successor attors successor or selected by a court	ney in fact is authorized to	set under this Power of Atturney,	During a period of my incapacity, my attorney ir whether designated and named in this Power of
	EFFECT. Any act or thing perform	ned by gay attorney in fact	under this Power of Attorney binds	me and my successors in interest, as the Statute
rovides.	30 KA	Lesten 1	les	19:00
Sixined this	all be considered an original.	The state of the s	<u> </u>	in 7997 counterparts
Counterpart No	-		The Travia	
			427 - 24-4086	ncienls # Signature
				'S SOCIAL SECURITY NUMBER
			2021 16th Stree	
			PRINCIPAL	S STREET OR OTHER AUDRESS
			Des Moines, Iow	
			PRINCIPAL	a city, state and tip code
	-			
Tou	- N	S		· · · · · · · · · · · · · · · · · · ·
TATE OF HARMAN	MA, COUNTY OF _Palk		3: 2 nth	
TATE OF PARENTS	e undersigned, a Notary Public in	n and for said County and	State, this 3074	den dalla Denna d'Assertina de la colonida
TATE OF HERMAN Before me, the sy of	e undersigned. a Notary Public is 1. as the voluntary act and deed	n and for said County and , personally apport the principal, for the	S: 1 State, this	signed this Power of Attorney, and acknowledge
Before me, the ay of	e undersigned a Notary Public in the DAA 1991 it, as the voluntary act and deed	n and for said County and, personally app of the principal, for the ny hand and official seal	State, this	signed this Power of Attorney, and acknowledge
Before me, the ay of	e undersigned a Notary Public in the DAA 1991 it, as the voluntary act and deed	n and for said County and personally app of the principal, for the my hand and official seal	I State, this	signed this Power of Attorney, and acknowledge
Before me, the ay of	e undersigned a Notary Public in the DAA 1991 it, as the voluntary act and deed	n and for said County and personally app of the principal, for the ny hand and official seal	i State, this	signed this Power of Attorney, and acknowledge The state of the state
Before me, the ay of	e undersigned a Notary Public in the DAA 1991 it, as the voluntary act and deed	n and for said County and personally app of the principal, for the ny hand and official seal	i State, this	Busan
Before me, the	e undersigned a Notary Public in the Control of the	n and for said County and personally app of the principal, for the in ny hand and official seal	i State, this	TO COME STATUTE BUDGALLICS NAME, PRINTED OR TYPED
Before mo, the lay of	e undersigned a Notary Public in the Control of the	n and for said County and personally app of the principal, for the my hand and official seal	State, this	TO COME STATUTE BUDGALLICS NAME, PRINTED OR TYPED
Before mo, the lay of Land he execution of it. IN WITNESS V	e undersigned a Notary Public in the Color of South State of South	n and for said County and, personally app of the principal, for the ny hand and official seal of the said of the s	i State, this	Suban Ry Musicus alguaruse Buban
Before me, the lay of	e undersigned a Notary Public in the Color of South State of South	n and for said County and personally app of the principal, for the ny hand and official seal COO L. Jewis 2/	State, this	TO COME STATE STAT