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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MORRIS W. CARTER

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.

POWER OF ATTORNEY

OF

BESSIE N. STECH

PRINCIPAL

TO

<u>JACQUELYN A. BALITZ</u>

ATTORNEY IN FACT

18-104-14

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 attorney 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 describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

real property transactions;	(IC 30-5-5-2)	fiduciary transactions;	[IC 30-5-5-10]
tangible personal property transactions;	(IC 30-5-5-3)	claims and litigation;	[IC 30-5-5-11]
bond, share, and commodity transactions;	[IC 30-5-5-4]	family maintenance;	[IC 30-5-5-12]
banking transactions;	(IC 30-5-5-5)	benefits from military service;	[IC 30-5-5-13]
business operating transactions;	[IC 30-5-6-6]	records, reports, and statements;	[IC 30-5-5-14]
insurance transacitons;	[IC 30-5-5-7]	estate transactions;	[IC 30-5-5-15]
beneficiary tarnsactions;	[IC 30-5-5-8]	all other matters.	[IC 30-5-5-19]
gift transactions;	[IC 30-5-5-9]		

[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: Reliance [IC 30-5-8] Definitions [IC 30-5-2] General Provisions [IC 30-5-3] Liabilities [IC 30-5-9] Duties [IC 30-5-6] 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 State 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):

Holding Institution	Type of Account	Account Number
		· · · · · · · · · · · · · · · · · · ·
All other persons to whom this Power of Attorney may be delivered may changing it and recorded such instrument, or caused it to be recorded, i	rely on its being in effect unless I shall haven the Office of the Recorder of	e executed a proper instrument revoking or LAKE County, State of

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SAMILICULA SUDDICIONALAKE SOUNTS

F. SAFE DEPOSIT BOX. I have a safe deposit box, Number	IONE .
at(BANKING INSTITUTION)	(BRANCH) (CITY)
I give my attorney in fact power to enter or have access to that box and to	o any other safe deposit box in my name either individually or jointly with any other ty to it, and to relocate such box within the banking institution or at another. Powers
G. DURATION OF POWER OF ATTORNEY. SELECT ONLY ONE OF THE of insufficient striking, provision a applies]: a. This Power of Attorney is not terminated by my incapacity.	FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: {in case
b. ЖЖЖЖЖЖЖЖЖЖЖЖЖЖЖЖЖЖЖ	at
 ЖКИ КИМОКИ КИ КИНОИИИ КИМОКЯ ЮКИКИЙ С	ua; (IIMZ)
XXXXXXXXXXXXX ,	(DATE)
H. REVOCATION OF PRIOR POWERS. I do/do not [strike one] revoke does not affect the validity of an act performed under a prior power of att	all powers of attorney I signed before the date of this Power of Attorney. Revocation orney. In case of failure to strike, prior powers are revoked.
I. GUARDIANS. If protective proceedings for my person or for my esta of my person, and as guardeness.	te, or for both, are commenced, I nominateN/A as guardian dian of my estate, to serve in each case without bond as may be permitted by law
	n fact I designate and nameN/A Such successor named has/have failed or ceased to serve as specified in the Statute, or has/have
	fact may resign or decline to serve. During a period of my incapacity, my attorney is o act under this Power of Attorney, whether designated and named in this Power on to be such successor.
K. BINDING EFFECT. Any act or thing performed by my attorney in fact provides.	under this Power of Attorney binds me and my successors in interest, as the Statute
DIANCO VIIID	October, 1997, in 1 counterparts
each of which shall be considered an original. Counterpart No1 Bessie	M. Stech BAN STE
	mark Principals's Signature
	308-28-7736 PRINCIPAL'S SOCIAL SECURITY NUMBER
•	I RINGII ALO SOCIALI SECCRITI NUMBER
	PRINCIPAL'S STREET OR OTHER ADDRESS
	Hobart, Indiana 46342
<u>_</u>	PRINCIPAL'S CITY, STATE AND ZIP CODE
STATE OF INDIANA, COUNTY OF ROFTER S	S:
	······································
the execution of it, as the voluntary act and deed of the principal, for the IN WITNESS WHEREOF, I have hereunto set my hand and official seal	• •
	NOTARY PUBLIC'S SIGNATURE
11-110 1000	NOTABY PUBLIC'S NAME, PRINTED OR TYPED
My Commission Expires: 11/04/23, 1998	Resident of Porter County
This instrument prepared by <u>ERVIN C. CARSTENSEN,</u> 503 Main St., Hobart,	I. D. #3141-45 , Attorney at Law IN 46342
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