

Chicago Title Insurance Company

FILED

STATE OF INDIANA
LAKE COUNTY
POWER OF ATTORNEY

NOV 25 1997

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KNOW ALL MEN BY THESE PRESENTS: 97 NOV 25 AM 10:19

SAM ORLICH
AUDITOR LAKE COUNTY

That I, GLADYS G. BURESS, of 720 Turner Street, Crown Point, Indiana do hereby make, constitute and appoint, first, my son, DAVID R. HUBINGER, 210 East 113th Avenue, Crown Point, Indiana, or, alternatively and upon any of the conditions hereafter expressed, my daughter-in-law, DONNA J. HUBINGER, 210 East 113th Avenue, Crown Point, Indiana, my true and lawful attorneys-in-fact pursuant to the provisions of Indiana Code, I.C. 30-5, as amended from time to time.

My attorney-in-fact shall have all powers and duties as enumerated in the Indiana Code, Sections I.C. 30-5-5-2 through and including I.C. 30-5-5-19. In addition my attorney-in-fact shall be authorized to act for my and in my name, place and stead to make and endorse promissory notes; to draw, accept and endorse bills of exchange; to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments; to make and execute any and all contracts; to purchase, sell dispose of, assign and pledge notes, stocks, bonds and securities may entitle me, either in person or by proxy; to represent me in all matters pertaining to the business of any corporation in which I may have any interest; to receive and to demand all sums of money, debts, dues, accounts, legacies, bequests, pensions, benefits, interest, dividends, annuities, and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to compromise the same; to make acquittances or other sufficient discharges for the same; to bargain for, contract concerning, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with personal property; to execute instruments necessary for the transfer of personal property of any kind or nature whatsoever; to execute instruments to effect the transfer of title to any motor vehicle owned by me; to purchase, sell mortgage, convey and lease any interest in real estate wherever located, of which I may be the owner now or hereafter; to execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to pay such taxes; to examine and request copies of any tax returns heretofore or hereafter filed by me or for and in my behalf; to enter into, examine and remove any items from any safety deposit box in my name, either jointly or individually; to take all lawful means deemed desirable by my said attorney-in-fact to enforce my rights or to protect my property, including the institution, prosecution, compromise and settlement of legal proceedings, in my name or otherwise; and generally to transact any and all business for me of any kind or nature whatsoever; to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my business or property, and with the same force and effect as though I were personally present and acting for myself; to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my health and general welfare. To create, revoke or amend trusts in my name, to make any such trust irrevocable, and to transfer any of my property to the Trustee for administration and disposition in accordance with the provisions of such a Trust or the provisions of any Trust that I may establish. To designate or elect that the income and/or principal of such a trust, or any Trust that I may establish, may be distributed to any one or more persons other than myself. To create, revoke, or amend any estate plan in my name and to transfer any of my property in order to carry out such estate plan, whether created by me or by my attorney-in-fact, whether such transfer is made to full value, or for less than full value. To renounce and disclaim any

Handwritten initials and date: 14/10/97

property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interests in or rights over trust (including the right to alter, amend revoke or terminate) and to exercise any right to claim an elective share in any Estate or under any Will. In exercising such discretion, my attorney-in-fact may take into account such matters as shall include, but shall not be limited to, any reduction in estate or inheritance taxes on my Estate, and the effect of such renunciation or disclaimer upon persons interested in my Estate and persons who would have received the renounced or disclaimed property; provided, however, that any attorney-in-fact shall make no disclaimer that is expressly prohibited by other provisions of this instrument.

To the extent I am permitted by law to do so, I herewith nominate, constitute and appoint my attorney-in-fact to serve as my guardian, conservator and/or in any similar representative capacity, and if I am not permitted by law to so nominate, constitute and appoint, then I request in the strongest possible terms that any Court of competent jurisdiction, which may receive and be asked to act upon a Petition by any person to appoint a guardian, conservator or similar representative for me, give the greatest possible weight to this request.

Furthermore, I hereby grant my attorney-in-fact the authority and power to execute any and all documents necessary to transfer any or all of my property to and vest title in, the attorney-in-fact as an individual.

Pursuant to Indiana Code, I.C. 16-8-12, I.C. 16-8-12-6, I.C. 30-5-5-16 and 30-5-5-17, I hereby appoint my attorney-in-fact as my Health Care Representative. I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me. However if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

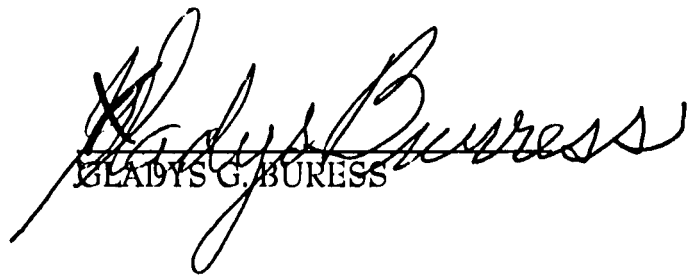
My health care representative shall also have the power and authority to admit or release me from a hospital or health care facility pursuant to I.C. 30-5-5-16(b)(3).

In the event of the death, disappearance, disability, or resignation of my first named attorney-in-fact, the appointment of my alternate attorney-in-fact shall become absolute the same as if the first named attorney-in-fact had not been appointed. The disappearance of my first named attorney-in-fact may be established by the affidavit of my alternate attorney-in-fact. The disability of my first named attorney-in-fact may be established by the certificate of a qualified physician stating that the first named attorney-in-fact is unable to manage his or her own affairs. Any person dealing with my alternate attorney-in-fact shall be fully protected and free from liability for

any payment, application, or accumulation made or other action taken in reliance upon such an affidavit of disappearance or such a certificate of disability. The authority of my alternate attorney-in-fact shall continue and be exclusive even if the first named attorney-in-fact shall reappear after a disappearance or recover after a disability.

This Power of Attorney shall not be affected by my subsequent disability or incapacity, or lapse of time. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may then be serving or eligible to serve as my attorney-in-fact under this Power of Attorney be appointed to that office.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8 day of May, 1997.

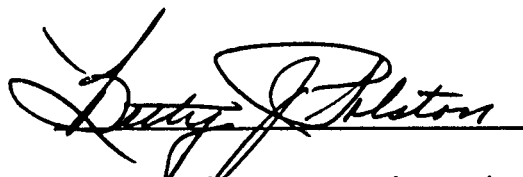

GLADYS G. BURESS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State, personally appeared, GLADYS G. BURESS, and acknowledged the execution of the foregoing General Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the attorney-in-fact as the Grantor's health care representative as authorized by I.C. 16-8-12.

Witness my hand and Notarial Seal this 8th day of May, 1997.

My Commission Expires: 10-19-2000


Notary Public, A Resident of Lake
County, Indiana

PREPARED BY: JOHN B. LASZLO, ATTORNEY AT LAW
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