

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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97 DEC 12 AM 10:10

MORRIS W. CARTER

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, HARRY W. STEELE, 21664 VALLEY PARK DR. SAN ANTONIO, TX. 78266 [insert your name and address], my social security number being 318-12-1373 [insert your proper SS#], appoint DAWN R. PETERS 3349 WILLOWCREEK RD PORTAGE, IN. 46368 [insert name and address of the person appointed] as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU SHOULD CROSS OUT EACH POWER WITHHELD.

INITIAL

- HS. (A) real property transactions; Lot 16 and the north 15 feet of lot 17 in
- ~~\_\_\_~~ (B) ~~tangible personal property transactions;~~ block 2 in Saylor Manor, in the city of
- ~~\_\_\_~~ (C) ~~stock and bond transactions;~~ Lake Station as per plat thereof, recorded
- ~~\_\_\_~~ (D) ~~commodity and option transactions;~~ in plat book 32 page 9, in the office of
- ~~\_\_\_~~ (E) ~~banking and other financial institution transactions;~~ the recorder of Lake County, Indiana.
- ~~\_\_\_~~ (F) ~~business operating transactions;~~
- ~~\_\_\_~~ (G) ~~insurance and annuity transactions;~~
- ~~\_\_\_~~ (H) ~~estate, trust and other beneficiary transactions;~~
- ~~\_\_\_~~ (I) ~~claims and litigation;~~
- ~~\_\_\_~~ (J) ~~personal and family maintenance;~~
- ~~\_\_\_~~ (K) ~~benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;~~
- ~~\_\_\_~~ (L) ~~retirement plan transactions;~~
- ~~\_\_\_~~ (M) ~~tax matters;~~
- ~~\_\_\_~~ (N) ~~ALL OF THE POWERS LISTED IN (A) THROUGH (M). YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).~~

**FILED**  
DEC 1 1997  
AUDITOR LAKE COUNTY

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

THIS POWER IS RESTRICTED TO THE SALE OF THE PROPERTY LOCATED AT 2753 WAYNE STREET, HOBART TOWNSHIP, LAKE COUNTY, LAKE STATION, IND. 46405 (SAYLOR MANOR ALL OF LOT 16 AND THE NORTH 15 FT OF LOT 17 BLOCK 2) PROCEEDS TO BE WIRED TO SAN ANTONIO FEDERAL CREDIT UNION (SACU) ACCOUNT # 820300-73 ROUTING # 314088284.

HOLD FOR FIRST AMERICAN TITLE

Handwritten initials and marks at the bottom right corner.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- (A) This power of attorney is not affected by my subsequent disability or incapacity.
- (B) This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for all claims that arise against the third party because of reliance on this power of attorney.

If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent: DONALD L STEELE

Signed this 29 day of Oct, 1997

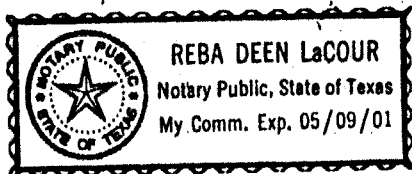
Harry Steele  
[your signature]

THE STATE OF TEXAS

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§  
§

COUNTY OF Bexar

The foregoing instrument was acknowledged before me on this the 29 day of October, 1997, by Harry Steele, who declared the same to be his granting of a Durable Power of Attorney, and by Andrew Williams and Mo Steele, who declared that they are 18 years of age or older, and witnessed the execution of the same at the request of



Reba Deen LaCour  
NOTARY PUBLIC, STATE OF TEXAS

PRINTED NAME OF NOTARY:

Reba Deen LaCour

MY COMMISSION EXPIRES: 050901

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.