STATE OF MDIANA LAKE COUNTY FILED FCR RECORD

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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY THE SELECTION DE 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

Sally (Sallie) A. Shaffer

PRINCIPAL

TO

James Scott Shaffer

ATTORNEY IN FACT

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 30-5-5-6]	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:

 Definitions [IC 30-5-2]

 Reliance [IC 30-5-8]

General Provisions [IC 30-5-3] Duties [IC 30-5-6] Liabilities [IC 30-5-9] 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

NBD Bank N.A.

NBD Bank N.A.

Checking & savings 750002740958

Certificates of deposit 47036488

A.G. Edwards & Sons, Inc.

Bond & Money Market Funds 27-599761-024

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 recorded, in the Office of the Recorder of Lake County, State of Indiana.

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SAM ORLICH AUDITOR LAKE COUNTY

#16x0

E SAFE DEPOSIT BOX. I have a safe deposit box, NumberX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<u> </u>
(BANKING INSTITUTION)	(BRANCII) (CITY)
give my attorney in fact power to enter or have access to that box and on. I give the power also to remove property from such box or add prope given are in addition to those incorporated into this Power of Attori	I to any other safe deposit box in my name either individually or jointly with any other erty to it, and to relocate such box within the banking institution or at another. Powers ney by reference.
 DURATION OF POWER OF ATTORNEY, SELECT ONLY ONE OF TH sufficient striking, provision a applies]: a. This Power of Attorney is not terminated by my incapacity. 	IE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case
b. Bukkwwakwwwkwwwaka XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
с. Тан кин хуулик килик инки ини ини ики ик	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
¼ <u>xxxxxxxx</u> , ፙ፠ዂ፟፟፟፠፞ጜፙጜጜጜ ^(TIME)	
s not affect the validity of an act performed under a prior power of a	
ny person, and James Scott Shaffer as gui	state, or for both, are commenced, I nominate <u>James Scott</u> Schaff ardian of my estate, to serve in each case without bond as may be permitted by law.
J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney il become my attorney in fact when the person(s) first designated ar lined to serve.	in fact I designate and name <u>Barbara Ann Romonsky</u> ch successor nd named has/have failed or ceased to serve as specified in the Statute, or has/have
By giving me written notice while I am not incapacitated, my attorney a shall continue to serve until a successor attorney in fact is authorized orney as such successor or selected by a court of competent jurisdiction.	in fact may resign or decline to serve. During a period of my incapacity, my attorney in d to act under this Power of Attorney, whether designated and named in this Power of ion to be such successor.
K. BINDING EFFECT, Any act or thing performed by my attorney in farides.	act under this Power of Attorney binds me and my successors in interest, as the Statute
Signed this 35 day of x ChbBER	, 1997, in3 counterparts,
h of which shall be considered an original.	
unterpart No	x Sally (Socia) a. Shelfan
	PRINCEPALS'S SIGNATURY
	174-28-9406
	PRINCIPAL'S SOCIAL SECURITY NUMBER
and the second s	13605 Patterson Road
	PRINCIPAL'S STREET OR OTHER ADDRESS
	Cedar Lake, Indiana 46303
	PRINCIPAL'S CITY, STATE AND ZIP CODE
TE OF <u>la</u> , COUNTY OF <u>Lawrence</u>	. SS:
Before me, the undersigned, a Notary Public in and for said County of	and State, this
execution of it, as the voluntary act and deed of the principal, for the	ne uses and purposes therein stated.
IN WITNESS WHEREOF, I have hereunto set my hand and official se	eal the day and year last above written.
	Muster Please
	NOTARY PUBLIC'S SIGNATURE
NOTARIAL SEAL BUNDLE	Cilida
	NOTIFICE Y NOTIFICATION OF THE PROPERTY OF THE
Bouth New Castle Boro, Lawrence 9, 2000	NOTARY PUBLIC'S NAME, PRINTED OR TYPED Resident of AUCE County
	resident of County
s instrument prepared byAMERICA L. McAlpi	in the state of th
9006 Indianapolis	
Highalnd, Indiana	46322 © COPYRIGHT, THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC. (REV. 2:9)