

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

APR 16 1993

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STATE OF INDIANA  
COUNTY OF LAKE

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SAM ORLICH  
AUDITOR LAKE COUNTY

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That, I MARTHA L.

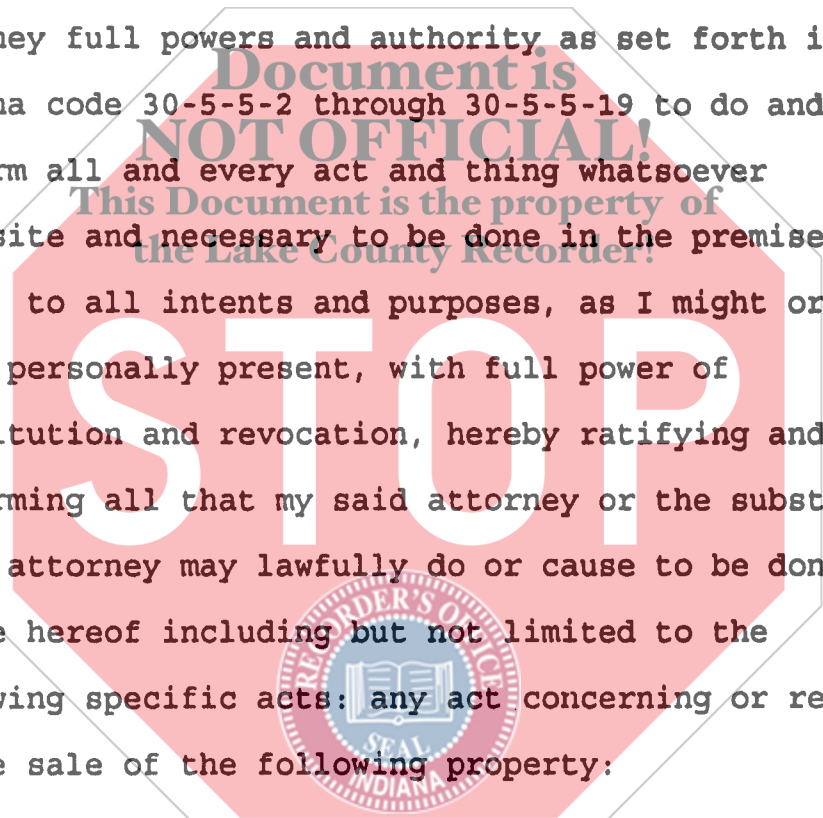
GRAHAM of 4193 Ellsworth Street, Gary, IN do hereby make, constitute and appoint my husband, CHARLES R. GRAHAM, my true and lawful attorney, for me and in my name, place and stead, giving and granting unto my said attorney full powers and authority as set forth in Indiana code 30-5-5-2 through 30-5-5-19 to do and perform all and every act and thing whatsoever requisite and necessary to be done in the premises as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or the substitute of my attorney may lawfully do or cause to be done by virtue hereof including but not limited to the following specific acts: any act concerning or related to the sale of the following property:

Westwood L. 33  
Key No. 01-39-0509-0033-004309

and to do all things necessary to be done to accomplish such specific acts.

Should CHARLES R. GRAHAM be unavailable, fail or refuse to act then I appoint my daughter, AVICE JEAN GRAHAM NELSON as my true and lawful Attorney-in-Fact.

A photocopy of this Power of Attorney certified as



001080  
15.00

a true and complete copy of my attorney-in-fact shall be deemed an original for all purposes whatsoever.

This power of Attorney shall not be affected by my incapacity or disability. It is my wish and intent that the authority conferred by me upon my attorney through this Power of Attorney should be exercisable notwithstanding my subsequent disability or incapacity or uncertainty as to whether I am dead or alive. All acts done by my attorney-in-fact or agent pursuant to this Power of Attorney during any period of disability, incompetence, incapacity or uncertainty as to whether I am dead or alive shall have the same effect and shall bind my heirs, legatees, devisees and personal representatives as if I were alive, competent and not disabled.

IN WITNESS WHEREOF, I hereunto set my hand this

21st day of January, 1998.

*Martha L. Graham*  
MARTHA L. GRAHAM

On this 21st day of January, 1998, personally appeared before me, a Notary Public in and for said County and State, executed the above Power of Attorney as his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal, the day and year above written.

*St. Anna P. Forby*  
Notary Public

Le-Gunia P. Forby  
Printed Name

My Commission Expires: 11/7/99

My County of Residence: Lake

I, CHARLES R. GRAHAM duly appointed attorney-in-fact for MARTHA L. GRAHAM do hereby certify under penalty of perjury that this document is a true and complete copy of the Power of Attorney executed by MARTHA L. GRAHAM on the date written therein.

Date of Certification: 1/21/98 Charles R. Graham  
CHARLES R. GRAHAM



I, AVICE JEAN GRAHAM NELSON duly appointed attorney-in-fact for MARTHA L. GRAHAM do hereby certify under penalty of perjury that this document is a true and complete copy of the Power of Attorney executed by MARTHA L. GRAHAM on the date written therein.

Date of Certification:

4-16-98

  
AVICE JEAN GRAHAM NELSON

