

STATE OF INDIANA )  
                          ) STATE OF INDIANA  
                          ) LAKE COUNTY  
COUNTY OF LAKE ) FILED FOR RECORD

APR 16 1998

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**POWER OF ATTORNEY**

SAM ORLICH  
AUDITOR LAKE COUNTY

KNOW ALL MEN BY THESE PRESENTS: That, I CHARLES R.

GRAHAM of 4193 Ellsworth Street, Gary, IN do hereby  
make, constitute and appoint my wife, MARTHA L. 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 MARTHA L. 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

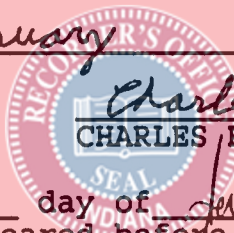
001081  
15.00

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

21<sup>st</sup> day of January, 1998.



Charles R. Graham  
CHARLES R. GRAHAM

On this 21<sup>st</sup> 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. James P. Tandy  
Notary Public  
St. James P. Tandy  
Printed Name

My Commission Expires: 11/7/99

My County of Residence: Lake

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

Date of Certification: 1/21/98 *Martha L. Graham*  
MARTHA L. GRAHAM



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

Date of Certification: 4-16-98   
AVICE JEAN GRAHAM NELSON

