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STATE OF INDIANA
LAKE COUNTY
FILED
RECORDED

Durable Power of Attorney

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I, Margaret B. Gregor of 837, Eaton Street, Hammond, Lake County, State of Indiana, (as "Principal") have this day appointed my daughter, Patty Rae Harris of 9217 Fairbanks, Crown Point, Indiana, Lake County, Indiana, to serve as my attorney in fact ("attorney-in-fact").

ARTICLE I

KEY 35-174-24

I give to my attorney-in-fact the powers hereinafter specified to be used on my behalf, provided that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property. The powers are specified as follows:

Section A. Real Property Transactions: Authority with respect to real property transactions pursuant to I. C. 30-5-5-2.

Section B. Tangible Personal Property Transactions: Authority with respect to tangible personal property pursuant to I. C. 30-5-5-3.

Section C. Bond, Share and Commodity Transactions: Authority with respect to bond, share and commodity transactions pursuant to I. C. 30-5-5-4.

Section D. Banking Transactions: Authority with respect to banking transactions pursuant to I. C. 30-5-5-5.

Section E. Business Operating Transactions: Authority with respect to business operating transactions pursuant to I. C. 30-5-5-6.

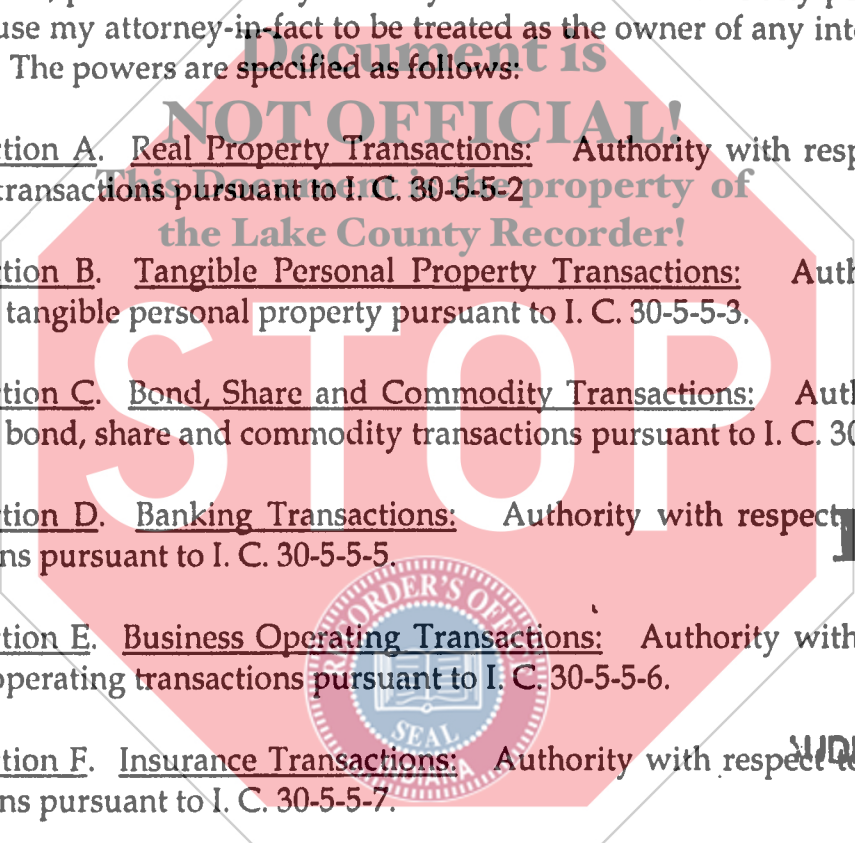
Section F. Insurance Transactions: Authority with respect to insurance transactions pursuant to I. C. 30-5-5-7.

Section G. Beneficiary Transactions: Authority with respect to beneficiary transactions pursuant to I. C. 30-5-5-8.

Section H. Fiduciary Transactions: Authority with respect to fiduciary transactions pursuant to I. C. 30-5-5-10.

Section I. Claims and Litigation. Authority with respect to claims and litigation pursuant to I. C. 30-5-5-11.

Section J. Family Maintenance. Authority with respect to family maintenance pursuant to I. C. 30-5-5-12.



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**SAM ORLICH
AUDITOR LAKE COUNTY**

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Section K. Benefits from Military Service. Authority with respect to benefits from military service pursuant to I. C. 30-5-5-13.

Section L. Records and Reports and Statements. Authority with respect to records, reports, and statements pursuant to I. C. 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any tax authority to allow my attorney-in-fact to act on my behalf before the taxing authority on any return or issue.

Section M. Estate Transactions. Authority with respect to estate transactions pursuant to I. C. 30-5-5-15.

Section N. Health Care. I appoint my attorney in fact as my health care representative with authority to act for me in all matters of health care in accordance with I. C. 16-36-1 as shown by the appointment under I. C. 16-36-1-7 which is attached to this power and I. C. 16-36-4-10 which is attached to this power of attorney pursuant to I. C. 30-5-5-16 (b) (2) and I. C. 30-5-5-17 including the powers stated in this section and as follows:

1. I authorize my health care representative to do the following:
 - a. Employ or contract with servants, companions, or health care providers for my care.
 - b. Admit or release me from hospital or health care facilities.
 - c. Have access to records, including medical records, concerning my condition.
 - d. Make anatomical gifts on my behalf.
 - e. Request an autopsy.
 - f. Make plans for the disposition of my body.

2. I authorize my health care representative to make decisions in my best interests 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 the 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.

This appointment is to be exercised in good faith and in my best interests subject to the following terms and conditions:

1. If I am diagnosed by my attending physician to be in a terminal condition from which, to a reasonable degree of medical certainty, I will not recover and death will occur from the terminal condition, I authorize my health care representative to consent to the withdrawal of and to refuse life prolonging procedures which prolong the dying process, except to be provided only with the provisions of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort, care or to alleviate pain.

2. If I am diagnosed by my attending physician to be comatose or in a persistent vegetative state from which to a reasonable degree of medical certainty, I will not recover and death will occur without me regaining consciousness, I authorize my health care representative to consent to the withdrawal of and to refuse life prolonging procedures which would prolong the dying process, including artificially supplied nutrition and hydration as life-prolonging procedures which I consider inappropriate if I am diagnosed as being in a persistent vegetative state or comatose.

3. This appointment is effective and remains effective if I am incapable of consenting to my health care. I do authorize a health care representative hereby appointed to delegate decision making power to another.

ARTICLE II

This power of attorney shall not be affected by the subsequent disability, or incapacity of the principal or lapse of time.

ARTICLE III

The following provisions shall apply:

1. If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

2. This instrument shall be governed by the laws of the State of Indiana in all respects.

3. This instrument may be amended or revoked by me, and my agent may be removed by me at any time by the execution by me of a written instrument of revocation, or removal delivered to my attorney-in-fact. My attorney-in-fact may resign by the execution of a written resignation delivered to me, or if I am mentally incapacitated, by delivering to any person with whom I am residing or who has my care and custody, or in the case of any alternate agent by delivering to my attorney-in-fact.

4. This instrument has been executed in duplicate, both duplicate originals have equal force and effect.

5. My attorney in fact is authorized to make photocopies of this instrument as frequently and in such quantity as my attorney in fact shall deem appropriate. All photocopies shall have the same force and effect as the original.

IN WITNESS WHEREOF, I have executed this durable power of attorney this 31st day of July 1997.

Margaret B. Gregor
Margaret B. Gregor

This instrument was prepared by HERMAN BARBER, attorney at law.

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State personally appeared Margaret B. Gregor who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 31st day of July 1997.

Georgene Roszko
Notary Public, GEORGENE ROSZKO

My Commission Expires: 8/22/98
Lake County.