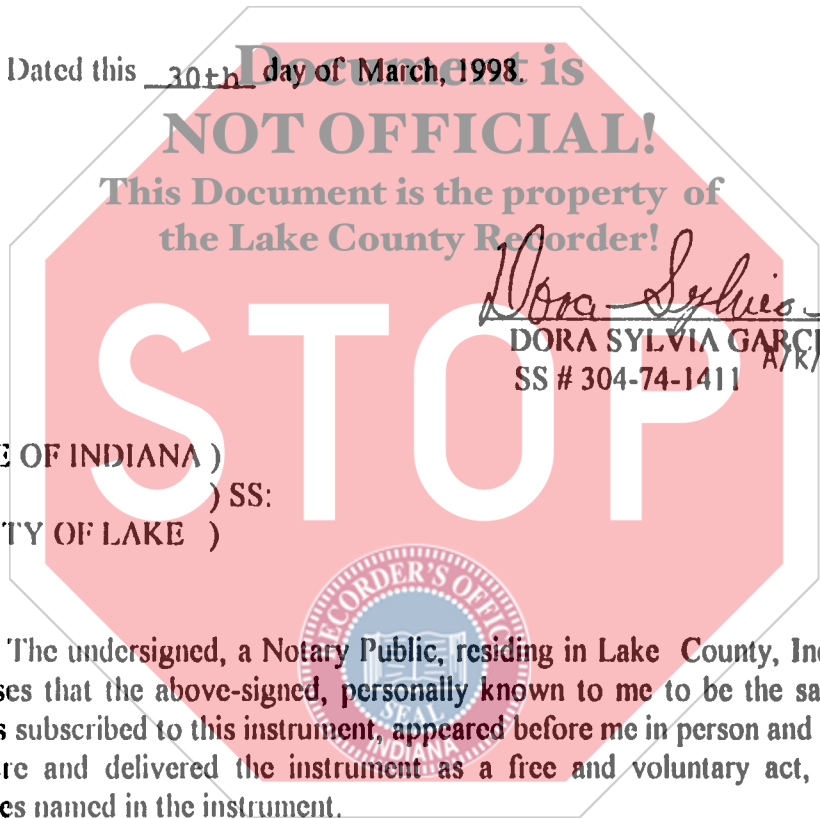


5. Without regard to my mental or physical condition, this Power of Attorney shall continue in effect until revoked or until my death, whichever occurs first.

Dated this 30th day of March, 1998.



Dora Sylvia Garcia
 DORA SYLVIA GARCIA
 SS # 304-74-1411 A/R/A Dora S. Garcia

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

The undersigned, a Notary Public, residing in Lake County, Indiana certifies and witnesses that the above-signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

Dated: March 30, 1998

Teresa Cabello
 Notary Public

TERESA CABELLO
 NOTARY PUBLIC STATE OF INDIANA
 LAKE COUNTY
 MY COMMISSION EXP. JAN 27 2000



THOMAS D. RYAN
 ATTORNEY AT LAW
 4704 INDIANAPOLIS BLVD
 EAST CHICAGO, IN 46312
 397-4000
 FAX 398-2727

THIS INSTRUMENT PREPARED BY ATTORNEY THOMAS D. RYAN