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GENERAL POWER OF ATTORNEY

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NOTRE DAME, IN

Chicago Title Insurance Company

TO ALL PERSONS, be it known, that I, Nancy Carlson, of Laporte, Indiana, the undersigned principal, do hereby grant a general power of attorney to Leonard Carlson of Laporte, Indiana, as my attorney-in-fact.

My attorney-in-fact shall have full powers and authority to do and undertake all acts on my behalf that I could do personally including but not limited to the right to sell, deed, buy, trade, lease, mortgage, assign, rent or dispose of any of, my ~~XXXXX~~ real or personal property; the right to execute, accept, undertake, and perform all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box; the right to borrow, lend, invest or reinvest funds on any terms; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity; and the right to retain any accountant, attorney, physician or other advisor deemed necessary to protect my interests generally or relative to any foregoing unlimited power.

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as in my attorney's best discretion deems advisable, and I affirm and ratify all acts undertaken. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney before or after my death shall have full rights to accept the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed under seal this Fifteenth day of May, 1998.

Nancy A. Carlson

Nancy A Carlson
AIKIA Nancy Carlson

STATE OF Indiana
COUNTY OF Laporte

1100
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On before me, James R. Lauslow Jr, personally appeared, Nancy A Carlson, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature James R. Lauslow Jr
James R. Lauslow Jr STATE OF Ind-
LaPorte Co. Affiant Known Produced ID
Type of ID _____ (Seal)

