Indiana.

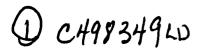


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STATE OF INDIANA FILED FOR RECORD

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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SECECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.



## POWER OF ATTORNEY

OF

FRANK A. BRODNER AND ALICE L. BRODNER

PRINCIPAL

**TO** 

## LEONA R. MASTERSON

## ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

- I, as principal, designate and name the person whose name appears above to be my attorney in fact.
- A. POWERS. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

real property transactions;	This [IC80-5-5-2) nent is thilduciary transactions; of	[IC 30-5-5-10]
tangible personal property transactions;	[IC 30-5-5-3] claims and litigation;	[IC 30-5-5-11]
bond, share, and commodity transactions;	th (10.80-5-5-4). County family maintenance;	(IC 30-5-5-12)
banking transactions;	(IC 30-5-5-5) benefits from military service;	IC 30-5-5-13
business operating transactions;	[IC 30-5-5-6] records, reports, and statements;	IC 30-5-5-14
Insurance transacitons;	[IC 30-5-5-7] estate transactions;	IC 30-5-5-151
beneficiary tarnsactions;	[IC 30-5-5-8] all other matters.	[IC 30-5-5-19]
diff transactions:	iic 20.5.5.01	,

Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

- B. RESERVATION OF POWER TO ACT AND TO REVOKE. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.
  - C. CHAPTERS OF STATUTE ALSO APPLICABLE. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it: Definitions [IC 30-5-2] Reliance [IC 30-5-8] General Provisions [IC 30-5-3] Liabilities [IC 30-5-9] Duties [IC 30-5-6] Termination [IC 30-5-10]
- D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.
- E. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the State regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution	Type of Account	Account Number
		ALBERT SERVICE
		•
All other persons to whom this Power of Attorney may be delivered changing it and recorded such instrument, or caused it to be recorded.	d may rely on its being in effect unless I shall ded, in the Office of the Recorder of	have executed a proper instrument revoking or  LAKE County, State of

11.00

(BANKING INSTITUTION)	(BRA		
I give my attorney in fact power to enter or have access to that box and to rson. I give the power also to remove property from such box or add property given are in addition to those incorporated into this Power of Attorne	ly to it, and to relocate		
G. DURATION OF POWER OF ATTORNEY. SELECT ONLY ONE OF THE insufficient striking, provision a applies]:  a. This Power of Attorney is not terminated by my incapacity.	FOLLOWING PROVISIO	NS BY STRIKING ALL INAPPLICABLE	PROVISIONS: [in case
ь.жижижижижижим	JE)	at	<del></del>
	ITE)	(TIME)	
— RYKKİRREK KEREKKERİKEKERIK DEKEKÊN		(DAT	E)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			•
H. REVOCATION OF PRIOR POWERS. I do/do not [strike one] revoke es not affect the validity of an act performed under a prior power of atto	orney. In case of failure	e to strike, prior powers are revoked.	·
1. GUARDIANS. If protective proceedings for my person or for my estamy person, and Leona R. Masterson as guard		N	
J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in all become my attorney in fact when the person(s) first designated and clined to serve.	named has/have failed	181110	Such succesor ne Statute, or has/have
By giving me written notice while I am not incapacitated, my attorney in ct shall continue to serve until a successor attorney in fact is authorized to torney as such successor or selected by a court of competent jurisdiction	o act under this Power to be such successor.	of Attorney, whether designated and	named in this Power of
K. BINDING EFFECT. Any act or thing performed by my attorney in fact	under this Power of At	torney binds me and my successors in	interest, as the Statute
wides the lake Co	ounty Reco	rder!	
Signed this 2/3/ day of M	ay, 1998	in	1 counterparts.
ch of which shall be considered an original.	1	12 / B	1. 1
ounterpart No	Tran	KIKE	anec
alia L. Brodner		PRINCIPALS'S SIGNATURE	
SIGNATURE			
314-16-5882		316-03-5129 PRINCIPAL'S SOCIAL SECURITY NUMBER	
SOCIAL SECURITY NUMBER		1231 Orchard Driv	
1231 Orchard Drive		PRINCIPAL'S STREET OR OTHER ADDRESS	
ADDRESS	TED SO	Merrillville, IN	46410
Merrillville, IN 46410	DEW 3 O.	PRINCIPAL'S CITY, STATE AND ZIP CODE	10110
CITY, STATE, ZIP CODE		PRINCIPALS CITT, STATE AND ZIF CODE	
ATE OF INDIANA, COUNTY OF LAKE		115	
Before me, the undersigned, a Notary Public in and for said County and	OEAU. S	2/=-	
y of May 1998 personally app	eared the principal nar	ned above, signed this Power of Attor	ney, and acknowledged
execution of it, as the voluntary act and deed of the principal, for the	ises and purposes ther	ein stated.	
IN WITNESS WHEREOF, I have hereunto set my hand and official seal	the day and year last a	bove written?	)
	In G	Carstenses	
		NOTARY PUBLIC'S SIGNATURE	··
	E	rvin C. Carstense	n
	H	NOTARY PUBLIC'S NAME, PRINTED OR TYPE	
		Lake	County.
Commission Expires: 7/01/01	_ Resident of	2010	
PRITAL C. CARCHENCEN	Resident of		
r Commission Expires: 7/01/01 is instrument prepared by ERVIN C. CARSTENSEN, 503 Main St., Hobart,	I. D. #3141		, Attorney at Law.