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MORRIS W. CASTER RECORDER

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION 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** 

MARIE L. BODNAR PRINCIPAL

HEN HED)

TO

36P 4 1988

GERALDINE L. MICHAELS
ATTORNEY IN FACT

SAM SELICH

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. Operty of

A. POWERS. According to the Statue, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporated 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;	[IC 30-5-5-2]	fiduciary transactions;	[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;	[IC 30-5-5-4]	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 transactions;	[IC 30-5-5-7]	estate transactions;	[IC 30-5-5-15]
beneficiary transactions;	[IC 30-5-5-8]	all other matters.	[IC 30-5-5-19]
gift transactions;	[IC 30-5-5-9]		

[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 35-5-2] General Provisions [IC 30-5-3] Duties [IC 30-5-6] Reliance [IC 30-5-8] Liabilities [IC 30-5-9] Termination [IC 30-5-10]

- D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-5-9, 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
Peoples Bank	Savings Account	0101-81371
Centier Bank	Checking Account	
American Trust Bank	Savings Account	1139132320
changing it and recorded such instrument, or caused it to	may be delivered may rely on its being if effect unless I shall have be recorded, in the Office of the Recorder of	executed a proper instrument revoking or County,
State of Indiana	-	<b>&gt;</b>

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	(BANKING INSTITUTION)		(BRANCH)	(CITY)
Laive my ettornes	in fact mayor to enter as have a second a share			
give the power also	in fact power to enter or have access to the to remove property from such box or add se incorporated into this Power of Attorne	property to it, and to relocate suc	sit box in my name either individual the box within the banking institution	ly or jointly with any other person or at another. Powers here give
G. DURATION PROVISIONS: (in c	OF POWER OF ATTORNEY. SE ase of insufficient striking, provision a ap	LECT ONLY ONE OF THE F	OLLOWING PROVISIONS BY S	TRIKING ALL INAPPLICABL
a. This po	ower of Attorney is not terminated by my	ncapacity.		
b. This P	ower of Attorney terminates on xxxxxxxx	······································	*********************	***************************************
e. This Po	ower of Attorney terminated upon my ince	<del>(DATE)</del> p <b>acity or on <u>xxxxxxxxxx</u>xxx</b>	<del>(TIME)</del> ************************************	***********
	(TIME)		(DATE)	
H. REVOCATIO	ON OF PRIOR POWERS. I do/do not [ alidity of an act performed under a prior p	strike one] revoke all powers of a ower of Attorney. In case of failu	ttorney i signed before the date of t re to strike, prior powers are revoked	he Power of Attorney. Revocation.
I. GUARDIANS. s guardian of my pe	If protective proceeding for my person or rson, and GERALDINE L. MICHAELS	for my estate, or for both, are con as guardian of my	nmenced, I nominate GERALDINE estate, to serve in each case withou	L. MICHAELS t bond as my be permitted by law
J. SUCCESSOR hall become my atto erve.	ATTORNEY IN FACT. As successor to orney in fact when the person(s) first design	my attorney in fact I designate ar gnated and named has/have failed	or ceased to serve as specified in t	Such success he Statute, or has/have declined
hall continue to serv	ten notice while I am not incapacitated, not use until a successor attorney in fact is authorized by a court of competent jurisdiction	norized to act under this Power of		
	FECT. Any act or thing performed by a	ny attorney in fact under this Po	wer of Attorney binds me and my s	uccessors in interest, as the Stat
rovides.				
Signed this	day of which shall be considered an original.		1998 in	3
•				
Counterpart No	3	V	Marie L. Box	
		TUNER'S		
		E. Colorando Carlo	MARIE L. BO	DUNAK
		306-10	PRINCIPAL'S SOCIAL SE	CURITY NUMBER
		JEAL		
		WDIANA 1341 -	119th Street	
			PRINCIPAL'S STREET OF	OTHER ADDRESS
		<u>Whitin</u>	g. Indiana 46394 PRINCIPAL'S CITY, STA	TE AND ZIP CODE
			TRINGITAD G CITT, GTA	TE AND EIT CODE
STATE OF INDIAN	A, COUNTY OF LAKESS:		,	
	_	County and State this	1140	
lay of	dersigned a Notary Public in and for said	personally appeared the principa	al named above, signed this Power	of Attorney, and acknowledged
execution of it, as the	e voluntary act and deed of the principal,	for the uses and purposes therein s	stated.	
IN WITNESS WI	HEREOF, I have hereunto set my hand an	d official seal the day and year las	t above written.	. 1
		1	Manufac L.	Mr. AUx.
			enuner "	Meage
			NOTARY PUBLIC'S	SIGNATUKE
		1	Dunnica L. 1	Mr Aloin
	//		NOTARY PUBLIC'S NAME	PRINTED OF TYPED
My Commission Ex	pires: 03/11/00	Resident of	Lake	County
•	pared by <u>America L. McAlpin, 9006 Indi</u>	napolis Blvd., Highland, Indiana	46322	Attorney at Law.
MAIL TO:	America L. McAlpin			
	9006 Indianapolis Boulevard Highland, Indiana 46322			