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

CAROL GALSTER PRINCIPAL

TO

PATRICIA KULAVIC 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 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 stuffing spect to them:

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real property transactions;	[IC 30-5-5-2]	fiduciary transactions;	[IC 30-5-5-10]
tangible personal property transaction	ons; [IC 30-5-5-3]	claims and litigation;	[IC 20-5-5-14]
bond, share, and commodity transac	ctions; [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].

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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

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
All other persons to whom this Power of Attorney may be changing it and recorded such instrument, or caused it to be re	delivered may rely on its being if effect unless I shall have executed, in the Office of the Recorder ofLake	cuted a proper instrument revoking or County,
State of Indiana.		11,00 0.6# 170
Me America LMC A	lpin .	0.kst 17

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(BANKING INSTITUTION)	(BRANCH)	(CITY)
I give my attorney in fact power to enter or have access to that box and to any give the power also to remove property from such box or add property to it, and a diltion to those incorporated into this Power of Attorney by reference	other safe deposit box in my name either individud to relocate such box within the banking institut	ally or jointly with any other person on at another. Powers here given
G. DURATION OF POWER OF ATTORNEY. SELECT ONLY O'ROVISIONS: [in case of insufficient striking, provision a applies].	NE OF THE FOLLOWING PROVISIONS BY	STRIKING ALL INAPPLICABLE
a. This power of Attorney is not terminated by my incapacity.		
b. This Power of Attorney terminates on ***********************************		************
(DATE) - This Power of Attorney terminated upon my incapacity or on <u>xxxx</u>	(TIME) ************************************	******
— ataxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Occurs.	
H. REVOCATION OF PRIOR POWERS. I do/do not [strike one] revoke loes not affect the validity of an act performed under a prior power of Attorney.	all powers of attorney 1 signed before the date of In case of failure to strike, prior powers are revok	the Power of Attorney. Revocation ed.
I. GUARDIANS. If protective proceeding for my person or for my estate, or as guardian of my person, and PATRICIA KULAVIC		
	guardian of my estate, to serve in each case witho	
J. SUCCESSOR ATTORNEY IN FACT. As successor to my attorney in fashall become my attorney in fact when the person(s) first designated and named serve.	has/have failed or ceased to serve as specified in	
By giving me written notice while I am not incapacitated, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act und such successor or selected by a court of competent jurisdiction to be such successor.	er this Power of Attorney, whether designated and	
K BINDING EFFECT. Any act or thing performed by my attorney in fa		successors in interest, as the Statue
Signed this day of counterparts, each of which shall be considered an original.	1998_in	
Counterpart No	0,09	171
	CAROL GA	CTED
THU THE	CAROL DA	La l'Ex
S.CO.	310-36-5637	COLUMN AND AND AND AND AND AND AND AND AND AN
	PRINCIPAL'S SOCIAL SI	ECURITY NUMBER
	8636 Hohman Avenue	
II. II. IN	PRINCIPAL'S STREET OF	ROTHER ADDRESS
	MARKET 1022	
	Munster, Indiang 46321 PRINCIPAL'S CITY, STA	TE AND ZIP CODE
STATE OF INDIANA, COUNTY OF LAKESS:	394n	
Before me, the undersigned, a Notary Public in and for said County and State, day of	this red the principal named above, signed this Power	of Attorney, and acknowledged the
IN WITNESS WHEREOF, I have hereunto set my hand and official seal the	^	4
	Motary Public	MCOURE .
	America L. NOTARY PUBLIC'S NAME	McAlp:
My Commission Expires: 05/11/00 F	Resident of	County.
This instrument prepared by Gilbert F. Blackmun, 9006 Indianapolis Blvd., Hig	hland, Indiana 46322	Attorney at Law.
MAIL TO: Gilbert F. Blackmun		
9006 Indianapolis Boulevard Highland, Indiana 46322		