

F. SAFE DEPOSIT BOX. I have a safe deposit box, Number _____

at _____
(BANKING INSTITUTION) (BRANCH) (CITY)

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference

G. DURATION OF POWER OF ATTORNEY. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies].

- a. This power of Attorney is not terminated by my incapacity.
- ~~b. This Power of Attorney terminates on _____ at _____
(DATE) (TIME)~~
- ~~c. This Power of Attorney terminated upon my incapacity or on _____
(DATE)~~
- ~~_____ whichever first occurs.
(TIME)~~

H. REVOCATION OF PRIOR POWERS. I do/do not [strike one] revoke all powers of attorney I signed before the date of the Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of Attorney. In case of failure to strike, prior powers are revoked.

I. GUARDIANS. If protective proceeding for my person or for my estate, or for both, are commenced, I nominate PATRICIA KULAVIC as guardian of my person, and PATRICIA KULAVIC as guardian of my estate, to serve in each case without bond as my be permitted by law.

J. SUCCESSOR ATTORNEY IN FACT. As successor to my attorney in fact I designate and name PATRICIA ASHMORE Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. BINDING EFFECT. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides

Signed this 29th day of August, 1998, in _____
counterparts, each of which shall be considered an original.

Counterpart No. _____

Carol Galster
CAROL GALSTER



310-36-5637
PRINCIPAL'S SOCIAL SECURITY NUMBER

8636 Hohman Avenue
PRINCIPAL'S STREET OR OTHER ADDRESS

Munster, Indiana 46321
PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA, COUNTY OF LAKE _____ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 29th day of August, 1998, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

America L. McAlpin
NOTARY PUBLIC'S SIGNATURE

America L. McAlpin
NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 02/11/00 Resident of Lake County.

This instrument prepared by Gilbert F. Blackmun, 9006 Indianapolis Blvd., Highland, Indiana 46322 Attorney at Law.

MAIL TO: Gilbert F. Blackmun
9006 Indianapolis Boulevard
Highland, Indiana 46322

