

98075533

STATE OF INDIANA FILED FOR RECORD

98 SEP 23 AND THE STATE OF INDIANA BY LAWYERS ONLY THE SELECTION OF A FORM OF INSTRUMENT, I'LLI ING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE MORRIS W. CANDER WILLIAM SHOULD ONLY BE DONE BY A LAWYER.

## POWER OF ATTORNEY

**OF** 

MICHAEL J. NOVOSEL **PRINCIPAL** 

TO

FILED

3년만 : 1**998** 

FRANCES A. NOVOSEL ATTORNEY IN FACT

SAM ORLICH שיאו זישר באומיים ו פינעדונים

inade and r 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 ument A POWERS According to the Statue as 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,	[10 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.	[1¢ 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! do not with to incorporate into this Power of Attorney! have deleted by lining out and writing my initials opposite the deletion. Any power to be 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
  - 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 1IC 35-5-21 General Provisions [IC 30-5-3] Duties [IC 30-5-6]

State of Indiana.

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 automey in fact acts in bad faith
- E. REI IANCE ON POWER OF A PTORNEY. In addition to provisions of the State regarding reliance, the holding institution(s) named in this Paragraph E and the bashing including named in Paragraph C may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and achivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution	Type of Account	Account Number
Bank Calumet	Checking Account	0320239767
Mercantile National Bank	Savings Account	21001084
Uliana Credit Luion	Share Account	
All other persons to whom this Power of Attorney may be delivered in	nay rely on its being if effect unless I shall have executed a prope e Office of the Recorder of Lake	

00044

F. SAFE DEPOSI	IT BOX. I have a safe depos	sit box, Number 224	<b>.</b>		
***************************************	(BANKING INSTITUTION)		(	BRANCH)	(CITY)
give the power also t	in fact power to enter or have to remove property from sucl e incorporated into this Power	h box or add propert	ty to it, and to relocate such be	ox in my name either individually ox within the banking institution	or jointly with any other person. or at another. Powers here given
	OF POWER OF ATTOI		ONLY ONE OF THE FOLI	OWING PROVISIONS BY ST	RIKING ALL INAPPLICABLE
a. This pov	wer of Attorney is not termin	ated by my incapaci	ity.		
b. This Po	wer of Attorney terminates o	<del>11                                   </del>	XXXXXXXXXXXXX OF XXXXXXX	*********	*******
e. This Por	wer of Attorney terminated u	<del>(DA)</del> <del>o vicanaeni vm non</del>		<del>(TIME)</del> (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<del></del>
	*************			(DATL)	
wanna	(TIME)	Managara, wille	mever mist obedis:		
				ney I signed before the date of the strike, prior powers are revoked.	
			estate, or for both, are comme	nced, I nominate <u>FRANCES A.</u> I	SOVOSEL
•	son, and <u>FRANCES A. NO</u>				bond as my be permitted by law.
<ul> <li>J. SUCCESSOR A hall become my attor erve.</li> </ul>	ney in fact when the person(	(s) first designated a	orney in fact I designate and na nd named has/have failed or c	eased to serve as specified in the	Such successor e Statute, or has/have declined to
hall continue to serve	en notice while I am not inca	pacitated, my attorn n fact is authorized t	ney in fact may resign or declin to act under this Power of Atto	ne to serve. During a period of morney, whether designated and na	
K. BINDING EFF	FECT. Any act or thing per	formed by my atto	rney in fact under this Power	of Attorney binds me and my su	ccessors in interest, as the Statue
rovides	1.1.				
Signed this	day of	replin	illes	1998 in	counterparts, each of
		<b>V</b>			
ounterpart No	3		ad	expula Ma	4. 0
				MICHAEL J. NO	VOSEL
			THE ROLL SO		
			308-14-690		
				PRINCIPAL'S SOCIAL SEC	URITY NUMBER
	· ·		SEA 2917 Parky	you Drive	
			NOIANATA	PRINCIPAL'S STREET OR C	THER ADDRESS
			dinin		
			Highland, I	ndiana 46322	AND RID CODE
				PRINCIPAL'S CITY, STATI	S AND ZIP CODE
TATE OF INDIANA	, COUNTY OF LAKE	SS:			
	ersignad, a Natary Public in :	and for said County	and State this	140	day of
C 0	ATTAIN I	1998, person	ally appeared the principal na ses and purposes therein state	med above, signed this Power of	Attorney, and acknowledged the
	<b>Y</b>		il seal the day and year last abo		
IN WITHESS WITH	EREOF, I have nereumo set	iny nana ana omeia	/;	· / //	MA
		·	- Us	nerce h. M	alle
				NOTARY PUBLIC'S'S	IIGNAT(IRE
		•	America L.	McAlpin NOTARY PUBLIC'S NAME, P	RINTED OR TYPED
1y Commission Expi	ires: 02/11/00		Resident of <u>Lake</u>		
		. 9006 Indianapolis	Blvd., Highland, Indiana 4632	22	Attorney at Law.
	Mr. and Mrs. Michael J. No				
	2917 Parkway Drive Highland, Indiana 46322	<i>P</i>			