I D FOR FIRST AMEDICANT

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 BE DONE BY A LAWYER.

AFTER RECORDING RETURN TO: James Lukas 69 Columbine Rd. Evergreen, CO 80439

POWER OF ATTORNEY

029096

OF

LISA K. LUKAS
PRINCIPAL

TO

James P. Lukas
ATTORNEY IN FACT

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

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I, as principal, designate and name the person whose name appears above to be my actorney in fact.

A. Powers. According to the Statute, an attorney in fact has a power granted under 10,30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing where the power of Attorney incorporates into it the powers here listed and confers general authority with respect to them.

real property transactions; tangible personal property transactions; [IC 30-5-5-3] bond, share, and commodity transactions; [IC 30-5-5-4] banking transactions; [IC 30-5-5-5] business operating transactions; [IC 30-5-5-6] insurance transactions; [IC 30-5-5-7] beneficiary transactions; This {IC 30-5-5-8] gift transactions; [IC\30-5-5-9] fiduciary transactions; [IC 30₇5-5-10] claims and litigation; IIC 30-5-5-111 family maintenance; PETER BENJAMIN [IC 30-5-5-12] LAKE COUNTY AUDITOR benefits from military service; [IC 30-5-5-13] records, reports, and statements; [IC 30-5-5-14] [IC 30-5-5-15] estate transactions; all other matters. [IC 30-5-5-19]

[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] General Provisions [IC 30-5-3] Duties [IC 30-5-6]

recorded, in the Office of the Recorder of _

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 30-5-9-5, 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 Statute 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 Attorne shall have executed a proper instrument revoking or ch		

000249

__ County, State of Indiana.

at	box, Number
(BANKING INSTITUTION)	(BRANCH) (CITY)
either individually or jointly with any other person	ccess to that box and to any other safe deposit box in my name. I give the power also to remove property from such box or a banking institution or at another. Powers here given are Attorney by reference.
	ECT ONLY ONE OF THE FOLLOWING PROVISIONS I [in case of insufficient striking, provision a applies]:
 a. This Power of Attorney is not terminated b. This Power of Attorney terminates on 	
c. This Power of Attorney terminates upon	my incapacity or on
et, whichever	first occurs. (DATE)
date of this Power of Attorney. Revocation does not attorney. In case of failure to strike, prior powers	
I. Guardians. If protective proceedings for nominate as gu	my person or for my estate, or for both, are commenced
as guardian of my estate, to serve in each case wit	thout bond as may be permitted by law.
J. Successor Attorney in Fact. As a s	uccessor to my attorney in fact I designate and na
None Such such	cessor shall become my attorney in fact when the person ed to serve as specified in the Statute, or has/have declined
authorized to act under this Power of Attorney, who successor or selected by a court of competent juris	ned by my attorney in fact under this Power of Attorney bir provides.
each of which shall be considered an original.	ne counterpar
Counterpart NoOne_	PRINCIPAL'S SIGNATURE 308-88-8809
	PRINCIPAL'S SOCIAL SECURITY NUMBER
	7024 Tapper Avenue
	PRINCIPAL'S STREET OR OTHER ADDRESS Hammond, IN 46324
	PRINCIPAL'S CITY, STATE AND ZIP CODE
,	Almost No.
STATE OF INDIANA	WOIANA THE
) SS.	WOJANA MILE
COUNTY OF LAKE) SS.	in and for said County and State, this 16th
COUNTY OF LAKE Before me, the undersigned, a Notary Public	in and for said County and State, this <u>16th</u> appeared the principal named above, signed this Power the voluntary act and deed of the principal, for the uses a
COUNTY OF LAKE Before me, the undersigned, a Notary Public	amagued the mineral manual shore standal this Dance
COUNTY OF LAKE Before me, the undersigned, a Notary Public	amagued the mineral manual shore standal this Dance
COUNTY OF LAKE Before me, the undersigned, a Notary Public	appeared the principal named above, signed this Power the voluntary act and deed of the principal, for the uses at my hand and official seat the day and year last above written Jeffrey A. Harkin
COUNTY OF LAKE Before me, the undersigned, a Notary Public	amagued the mineral manual shore standal this Dance