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MO MINE WE CARTER
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

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	JOSEP	H J. HODOR		
	PRINC	CIPAL		
	т	0		
•	-	R.		
	FRANC	ES HODOR		
/	ATTORNE	Y IN FACT		
made under Indi	ana Code 30-5, as it may	be amended, or replace	d (the "Statute")	
I, as principal, designate and name the person who	se name appears above to	be my attorney in fact.		
A. POWERS. According to the Statute, an attorney referring to the language of the Statute describing powerspect to them:	in fact has a power grant ers, this Power of Attorn	ted under IC 30-5 if the ey incorporates into it th	power of attorney incorpora e powers here listed and co	tes the power. Therefore, nfers general authority w
real property transactions;	elc 30-5-5-2) Cou	nty Record	ens:	-11C-30-5-5-101
angible personal property transactions;	(IC 30-5-5-3)	olaims and litigat		[IC 30 5 5 11]
oond, share, and commodity transactions;	(IC 30 5 5 4)	family-maintenan		[10 00-5-5-12]
panking transactions;	[IC 30-5-5-5) LIC 30-5-5-6]	records, reports,		- HC 80 5 5 141
nsurance transacitons;	[IC 30-5-5-7]	estate transaction	36;	(10 00-5-5-15)
peneficiary tarnsactions; gift transactions;	(1C-90-5-5-6) (1C-90-5-5-5)	all other matters.		[IC-80 5 5 10]
Note: Though the Statute grants pow <mark>ers with respect to nclude them. Health care can be provided in a separat</mark>			egation [IC 30-5-5-18], this P	ower of Attorney does not
Any power I do not wish to incorporate into this Powe modified or added I have modified or added as follows:	r of Attorney I have delet [and have verified by wr	ed by lining out and writi iting my initials in the s	ing my initials opposite the c pace provided here in the n	deletion. Any power to be nargin].
IN FURTHERANCE OF THESE POWERS, I give my atte deems expedient to and necessary to effectuate the int	ent of this Power of Attor	rney, as fully as I could o	lo for myself.	
B. RESERVATION OF POWER TO ACT AND TO RE his Power of Attorney.	Thin the	Allini	/	
C. CHAPTERS OF STATUTE ALSO APPLICABLE.	The following chapters of			acts performed under it:
Definitions [IC 30-5-2] General Provisions [IC 30-5-3]			Reliance [IC 30-5-8] Liabilities [IC 30-5-9]	
Duties [IC 30-5-6]			Termination [IC 30-5-10]	
D. LIABILITY OF ATTORNEY IN FACT. As permitted act acts in bad faith.	d by IC 30-5-9-5, I, as princ	cipal, specifically provide	that my attorney in fact is li	able only if my attorney in
E. RELIANCE ON POWER OF ATTORNEY. In addit and the banking institution named in Paragraph F may re changing it and delivered such instrument, or caused it	ely on this Power of Attorr	ey being in effect unless		
Holding Institution		Type of Account	Acc	count Number
		-4 & -1 100000000		

changing it and recorded such ins Indiana.



By giving me written notice while I am not incapacitated, my sittoriey in fact may resign or decline to serve. During a period of my incapacity, my attorney 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 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 Statu provides. Signed this 22nd day of SEPTEMBER, 1999 PRINCIPALS STREET OR OTHER ADDRESS Highland, IN 46322 PRINCIPALS STREET OR OTHER ADDRESS Highland, IN 46322 PRINCIPALS CITY, STATE AND ZIP CODE STATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned a Notary Public in and for said County and State, bits personally appeared the principal and adaptive stated. IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written. Stacey M. Stefankiewicz NOTARY PUBLIC STORMTURE STATE AND ZIP CODE	(BANKING INSTITUTION)	(BRANCH) (CITY)
This instrument prepared by REFORM NOT PROBLES OF ATTORNEY SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in ca of insufficient striking, provision a applica]: Reform of Attorney from terminates on October 31, 1999 LOND A MOON (12:00 p.m.) (DOTE) (DOTE) A MOON (12:00 p.m.) (DOTE) (DOTE) (DOTE) (DOTE) A MOON (12:00 p.m.) (DOTE) (DOTE) (DOTE) (DOTE) A MOON (12:00 p.m.) (DOTE) (DOTE) (DOTE) (DOTE) (DOTE) (DOTE) A MOON (12:00 p.m.) (DOTE)		
if insufficient striking, provision a applies): a. The Power of Attorney terminates on October 31, 1999 other of Attorney terminates upon my inexpacity or on (MITS) (MITS) H. REVOCATION OF PRIOR POWERS. Id-activated energy revoke all powers of attorney I signed before the date of this Power of Attorney. Revocations 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 proceedings for my person or for my estate, or for both, are commenced, I nominate Frances Hodor as successor to my attorney in fact the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked. I. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in fact designated and named. In a successor shall become my attorney in fact when the person(s) first designated and named hashare failed or cessed to serve as specified in the Statute, or has/has for the continuous or the sum of the state of the sta		
a. This Power of Attorney terminates on October 31, 1999 b. This Power of Attorney terminates on October 31, 1999 c. This Power of Attorney terminates upon my incapacity or on. (INE)		OLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case
b. This Power of Attorney terminates on October 31, 1999 at NOON (12:00 p.m.) (INE) 1. This Power of Attorney terminates upon my incapacity or or attempting the control of the control	of insufficient striking, provision a applies]:	
(IME) (I	0 . 1 . 01 . 10	99 . NOON (12:00 p m)
H. REVOCATION OF PRIOR POWERS. I do/do-not-furthee one) revoke all powers of attorney I signed before the date of this Power of Attorney. Revocations and active the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked. 1. GUARDIANS. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate Frances Hodor as guarding of my person, and person of the	of this touch of fittoric, terminates on many and the second	
H. REVOCATION OF PRIOR POWERS. I do: do: not justified one) revoke all powers of attorney I signed before the date of this Power of Attorney. Revocations on affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior owers are revoked does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior owers are revoked does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior owers are revoked does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior owers are revoked in the person, and	-c. This Power of Attorney terminates upon my incapacity or on	
II. REVOCATION OF PRIOR POWERS. I dodo-not justified one) revoke all powers of attorney I signed before the date of this Power of Attorney. Revocationes 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 proceedings for my persons or for my estate, or for both, are commenced, I nonlinate Frances Hodor as guardian for yestate, to serve in each case without as may be permitted by its J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in fact is authorized and named hashare failed or ceased to serve as specified in the Statute, or hashare childed to serve. By giving me written note to serve until a successor altorney in fact is subtorized to act under this Power of Attorney, whether designated and named in this Power Attorney as such successor or selected by a court of competent jurisdiction to he such successor. K. BINDING EFFECT. Any act or thing performed by my attorney in fact under this Power of Attorney, whether designated and named in this Power of Attorney whether designated and named in this Power of Attorney whether designated and named in this Power of Attorney binds me and my successors in interest, as the Statute of which shall be considered and original. Counterpart No. Signed this 22nd day of SEPTEMBER, 1999 STATE OF INDIANA, COUNTY OF LAKE SEPTEMBER, 1999 FRINCIPALS STRICT OR OTHER ADDRESS Highland, IN. 46322 PRINCIPALS STRICT OR OTHER ADDRESS HIGHLAND ADDRESS HIGHLAND ADDRESS H	at	(DATE)
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 proceedings for my person of for my estate, or for both, are commenced, I nominate Frances Hodor as guardia of my person, and Frances Hodor as guardia of my estate, or serve in each case without bond as may be permitted by leading to the person of the		
In y person, and		
J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in fact I designate and name 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 feiled to serve. During a period of my incapacity, my attorney 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 attorney is necessor as bected by a court of compitent 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 Statuprovides. Signed this 22nd day of SEPTEMBER, 1999 PRINCIPALS STREET OR OTHER AURRESS Highland, IN 46322 PRINCIPALS STREET AND ZIP CODE STATE OF INDIANA, COUNTY OF LAKE SS: Signed this Power of Attorney, and acknowledge the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated. IN WITNESS WHEREOR, I have hereunto set my hand and official seal the day and year last above written. **TOTAL YEAR AND ZIP CODE** STATE OF INDIANA, COUNTY OF LAKE Stacey M. Stefanklewicz NOTARY PUBLICA, NAME, PRINTED OR TYPED My Commission Expires: Ol-10-07 Resident of Lake Count Attorney & 17621-64	I. GUARDIANS. If protective proceedings for my person or for my estate	, or for both, are commenced, I nominate Frances Hodor as guardian
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 f am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney 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 to serve until a 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 Statutoriodes. Signed this		
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This instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, In 46375 My Commission Expires: Ol-10-07 Resident of propered by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, In 46375 My Commission Expires: Ol-10-07 Resident of act under this Power of Attorney, whether designated and named in this Power of Attorney, whether designated and named in this Power of Attorney, whether designated and named in this Power of Attorney, whether designated and named in this Power of Attorney, whether designated and named in this Power of Attorney, whether designated and named in this Power of Attorney, whether designated and named in this Power of Attorney, whether designated and named in this Power of Attorney, as the Status provides. Signed this		ct may resign or decline to serve. During a period of my incapacity, my attorney in
Signed this	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
Signed this 22nd day of SEPTEMBER, 1999 Signed this hall be considered an original. Counterpart No		nder this Power of Attorney binds me and my successors in interest, as the Statute
STATE OF INDIANA, COUNTY OF Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and for said County and State, bits Before me, the undersigned a notary Public in and State, bits Before me, the undersigned a notary Public in and State, bits Before me, the undersigned a notary Public in and State, bits Be	Signed this 22nd day of SEPTEMBER 1000	in countaments
STATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned a Notary Public in and for said County and State, this Before me, the undersigned this Power of Attorney, and acknowledge 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. County My Public's NAME, PRINTED OR TIYED This instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375 Attorney # 17621-64	each of which shall be considered an original.	eounterparts,
Fincipals signature 310-22-2590 PRINCIPALS SCICAL SECURITY NUMBER 2331 99th Street - 2B PRINCIPALS STREET OR OTHER ADDRESS Highland, IN 46322 PRINCIPALS CITY, STATE AND ZIP CODE STATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned a Notary Public in and for said County and State, this lay of Commission 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. The way of Commission Expires: O1-10-07 Resident of Lake Country Public's NAME, PRINTED OR TYPED Resident of Lake Attorney# 17621-64 Attorney# 17621-64		Company
STATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned a Notary Public in and for said County and State, this lay of State of Indianal		Joseph Million V
PRINCIPALS SOCIAL SECURITY NUMBER 2331 99th Street - 2B PRINCIPALS STREET OR OTHER ADDRESS Highland, IN 46322 PRINCIPALS CITY, STATE AND ZIP CODE STATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned a Notary Public in and for said County and State, this 200 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. Stacey M. Stefankiewicz NOTARY PUBLIC'S MAME, PRINTED OR TYPED My Commission Expires: 01-10-07 Resident of Lake Countries instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375 Attorney# 17621-64		VRINCIPALS'S SIGNATURE
STATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned a Notary Public in and for said County and State, this lay of County in 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. Stacey M. Stefankiewicz NOTARY PUBLIC'S MAME, PRINTED OR TYPED My Commission Expires: 01-10-07 Resident of Lake County Authority Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375 Attorney# 17621-64		
STATE OF INDIANA, COUNTY OF LAKE SS. Before me, the undersigned a Notary Public in and for said County and State, this lay of State in the said County and State, this lay of State in the county 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. Stacey M. Stefankiewicz NOTARY PUBLIC'S NAME, PRINTED OR TYPED My Commission Expires: 01-10-07 Resident of Lake County of Lake County Name, Printed or Typed Attorney# 17621-64		
Highland, IN 46322 PRINCIPALS CITY, STATE AND ZIP CODE STATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned a Notary Public in and for said County and State, this 2000 day of 2000 personally appeared the principal named above, signed this Power of Attorney, and acknowledge 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. This instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375, Attorney at Lattorney# 17621-64	TUL	
Before me, the undersigned a Notary Public in and for said County and State, this day of County		() () () () () () () () () ()
STATE OF INDIANA, COUNTY OF		
Before me, the undersigned a Notary Public in and for said County and State, this along of State of Lorentz (Lorentz Lorentz), personally appeared the principal named above, signed this Power of Attorney, and acknowledge 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. Stacey M. Stefankiewicz NOTARY PUBLIC'S NAME, PRINTED OR TYPED My Commission Expires: O1-10-07 Resident of Lake Countries instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375 Attorney# 17621-64		
Before me, the undersigned a Notary Public in and for said County and State, this along of State of Lown Cor. In Witness wherein stated, personally appeared the principal named above, signed this Power of Attorney, and acknowledge 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. Stacey M. Stefankiewicz NOTARY PUBLIC'S NAME, PRINTED OR TYPED My Commission Expires: O1-10-07 Resident of Lake Countries instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375 Attorney# 17621-64		
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IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written. Country Commission Expires: O1-10-07 Resident of Lake Country	lay of Strict A personally appearance in the strict appearance in the s	area the principal named above, signed this rower of Attorney, and acknowledged
Stacey M. Stefankiewicz NOTARY PUBLIC'S NAME, PRINTED OR TYPED My Commission Expires: 01-10-07 Resident of Lake Coun This instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375, Attorney at Lace Attorney # 17621-64	•	
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This instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375, Attorney at Landau Attorney # 17621-64		
This instrument prepared by Randy H. Wyllie, 425 W. Lincoln Hwy. Schererville, IN 46375, Attorney at Landau Attorney # 17621-64	My Commission Expires: 01–10–07	·
	This instrument prepared by Randy H. Wyllie, 425 W. Li	ncoln Hwy. Schererville, IN 46375, Attorney at Law.
	·	€ COPYRIGHT, THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC. (REV. 2*97)
	the execution of it, as the voluntary act and deed of the principal, for the us IN WITNESS WHEREOF, I have hereunto set my hand and official seal th My Commission Expires:	es and purposes therein stated. e day and year last above written. HOLL M HOLL WALLELLE NOTARY PUBLIC STIGNATURE Stacey M. Stefankiewicz NOTARY PUBLIC'S NAME, PRINTED OR TYPED Resident of Lake ncoln Hwy. Schererville, IN 46375 , Attorney

FILE NO.