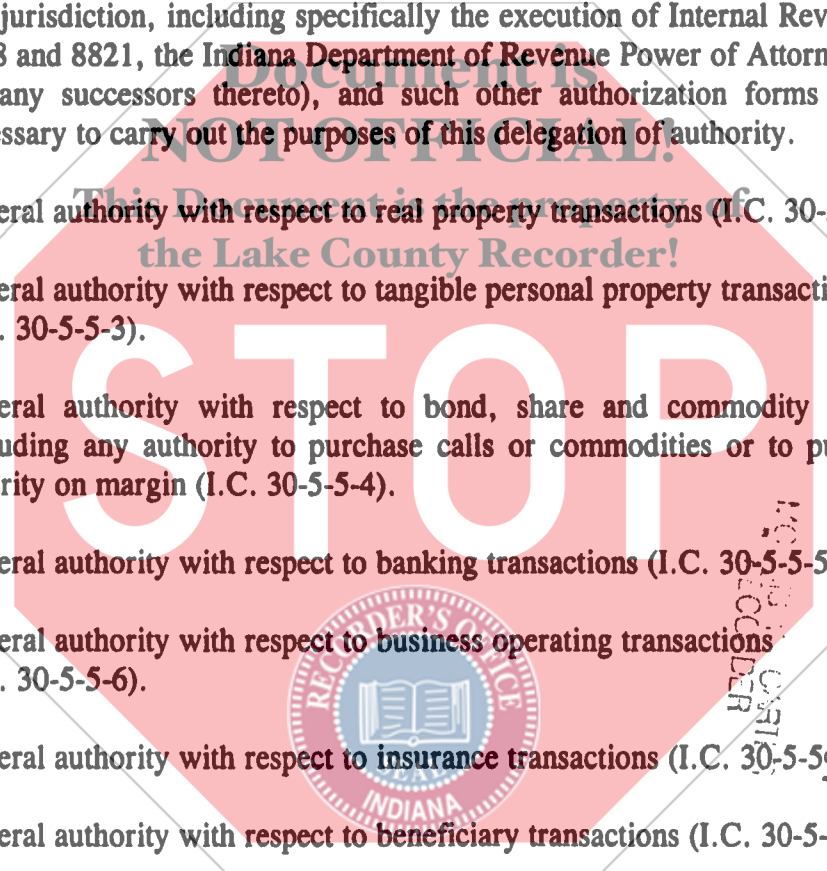


3

GENERAL DURABLE POWER OF ATTORNEY

I, MARY ELLEN HEIMS, of the County of Lake, State of Indiana, Social Security Number 304-14-8686, do hereby designate KEVIN ALLEN, presently of the City of Hammond, State of Indiana, my true and lawful attorney-in-fact, or agent, and confer upon said attorney the following authority under I.C. 30-5-5:

1. Authority to receive confidential information; to prepare, sign and file tax return forms 1040, 1040X, IT40 and IT40X for any and all years, past present or future; and to at any time perform any and all other acts before the taxing authorities of any jurisdiction, including specifically the execution of Internal Revenue Forms 2848 and 8821, the Indiana Department of Revenue Power of Attorney Form 48 (or any successors thereto), and such other authorization forms as may be necessary to carry out the purposes of this delegation of authority.
2. General authority with respect to real property transactions (I.C. 30-5-5-2).
3. General authority with respect to tangible personal property transactions (I.C. 30-5-5-3).
4. General authority with respect to bond, share and commodity transactions excluding any authority to purchase calls or commodities or to purchase any security on margin (I.C. 30-5-5-4).
5. General authority with respect to banking transactions (I.C. 30-5-5-5).
6. General authority with respect to business operating transactions (I.C. 30-5-5-6).
7. General authority with respect to insurance transactions (I.C. 30-5-5-7).
8. General authority with respect to beneficiary transactions (I.C. 30-5-5-8).
9. General authority with respect to gift transactions (I.C. 30-5-5-9).
10. General authority with respect to fiduciary transactions (I.C. 30-5-5-10).
11. General authority with respect to claims and litigation (I.C. 30-5-5-11).
12. General authority with respect to family maintenance (I.C. 30-5-5-12).
13. General authority with respect to benefits from military service (I.C. 30-5-5-13).
14. General authority with respect to records, reports and statements (I.C. 30-5-5-14).



99 OCT 28 11:00 AM '97

99 OCT 28 PM 1:07

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

13.00
1.5

15. General authority with respect to estate transactions (I.C. 30-5-5-15).
16. General authority with respect to health care, including the withholding or withdrawal of health care in accordance with I.C. 30-5-5-16 and I.C. 30-5-5-17.

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

17. General authority to delegate in writing all or any of the authority granted herein (I.C. 30-5-5-18).
18. General authority to perform any and all acts and execute any and all documents not herein excluded the same as I might do were I then present and competent (I.C. 30-5-5-19).

In addition to the foregoing powers, my attorney-in-fact shall have the power:

19. To communicate with any and all lawyers that may have represented me in the past, present or future and any communications with my attorney-in-fact shall be treated the same as though the lawyer was communicating with me and any decisions made by the attorney-in-fact shall be treated as though they were decisions made by me.

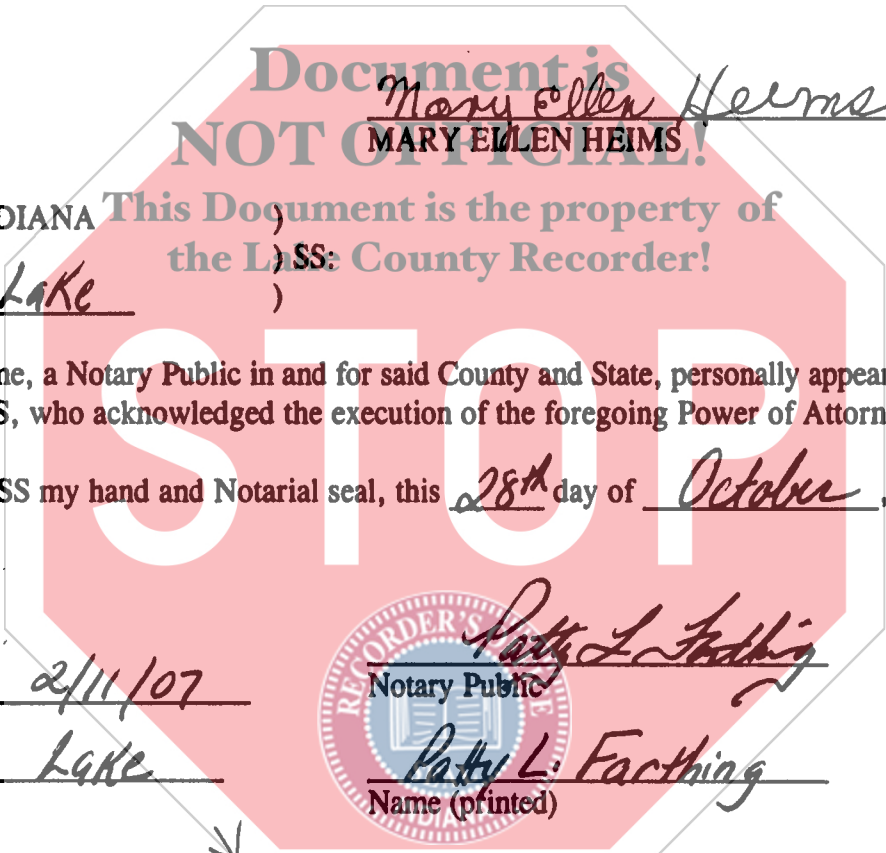
I hereby ratify and confirm all that my said attorney-in-fact or agent shall do by virtue hereof.

My attorney-in-fact may be reimbursed for expenses but shall not be entitled to a fee for services provided.

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of this county of my domicile a written revocation hereof.

I further state that: This Power of Attorney shall not be affected by my subsequent incompetence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the 28 day of October, 1999.



STATE OF INDIANA) This Document is the property of
COUNTY OF Lake) SS: County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared MARY ELLEN HEIMS, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial seal, this 28th day of October, 1999.

[SEAL]

Com. Exp. 2/11/07

County of Res. Lake

This instrument prepared by William J. Green, GREEN LAW OFFICES, 442 N. Calumet Road, Suite 200, Chesterton, Indiana, 46304 (219) 929-1230