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POWER OF ATTORNEY

Andrew Taylor
1253 Lake Charles
Porter Ind IN
46304

FILED

OF

PORFIRIO T. LONGORIA
PRINCIPAL

JAN 28, 2000

TO

DEBORAH A. TREVINO
ATTORNEY IN FACT

PETER BENJAMIN
LAKE COUNTY AUDITOR

made under 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

A. Powers. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates 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
- ~~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; IC 30-5-5-8~~
- gift transactions; IC 30-5-5-9
- ~~fiduciary transactions; IC 30-5-5-10~~
- claims and litigation; IC 30-5-5-11
- ~~family maintenance; IC 30-5-5-12~~
- benefits from military service; IC 30-5-5-13
- ~~records, reports, and statements; IC 30-5-5-14~~
- ~~estate transactions; IC 30-5-5-15~~
- ~~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]
- 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
N/A		

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

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F. Safe Deposit Box. I have a safe deposit box, Number N/A

~~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 applies):

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

H. Revocation of Prior Powers. I do ~~not~~ ~~strike~~ ~~and~~ revoke all powers of attorney I signed before the date of this 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.

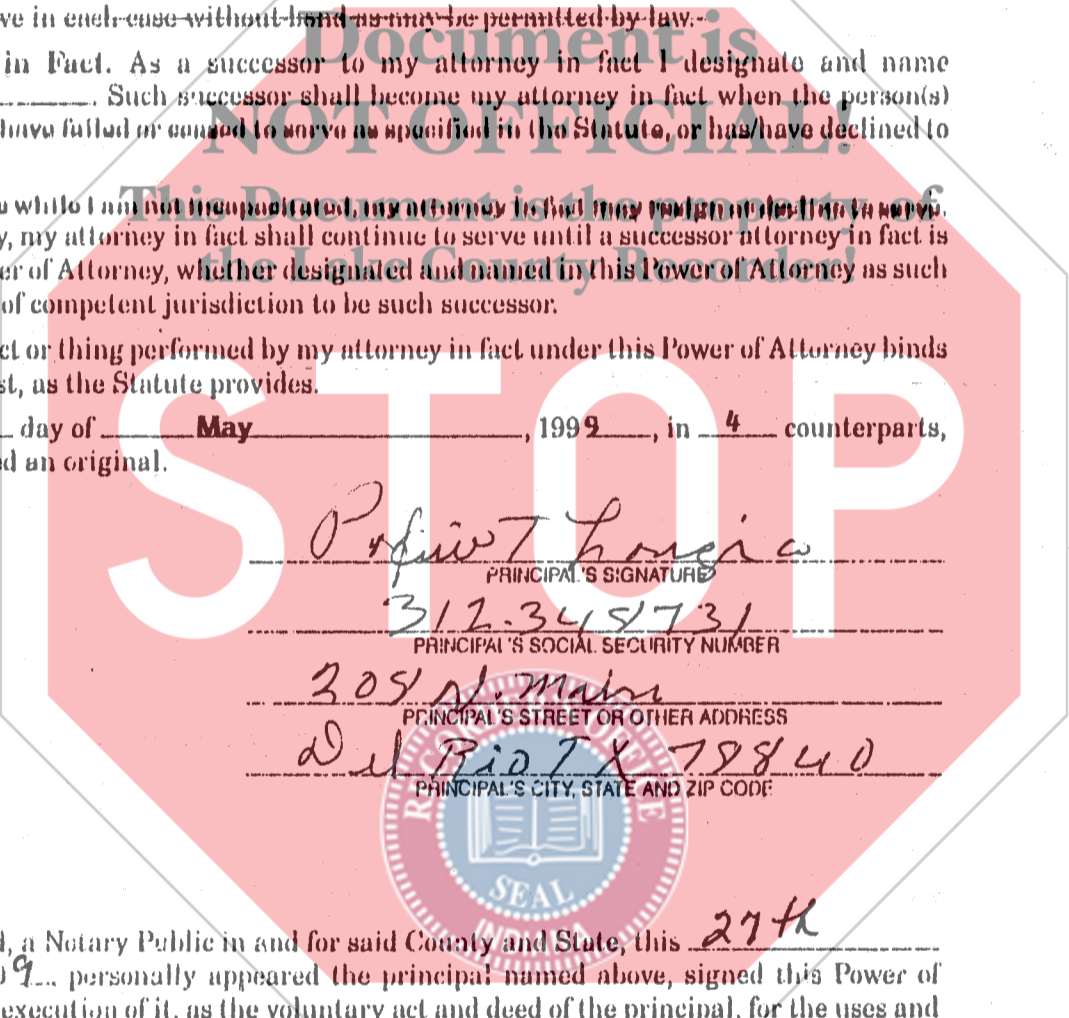
~~I. Guardians. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate _____ as guardian of my person, and _____ as guardian of my estate, to serve in each case without bond as may be permitted by law.~~

J. Successor Attorney in Fact. As a successor to my attorney in fact I designate and name Edward Trevino. 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 27th day of May, 1999, in 4 counterparts, each of which shall be considered an original.
Counterpart No. _____

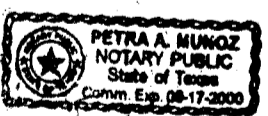


Roberto Lora
PRINCIPAL'S SIGNATURE
312-348731
PRINCIPAL'S SOCIAL SECURITY NUMBER
309 N. Main
PRINCIPAL'S STREET OR OTHER ADDRESS
Del Rio TX 79840
PRINCIPAL'S CITY, STATE AND ZIP CODE

TEXAS
STATE OF ~~KXXXXX~~
COUNTY OF Val Verde SS.

Before me, the undersigned, a Notary Public in and for said County and State, this 27th day of MAY, 1999, 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.



Petra A. Munoz
NOTARY PUBLIC'S SIGNATURE
PETRA A. MUÑOZ
NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 08/17/2000 Resident of Val Verde County.

This instrument prepared by Noah L. Holcomb, Jr. Attorney at Law.
1915 E. Columbus Drive, East Chicago, IN 46312

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CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) NORTH, ANTOINE ETIENNE		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USNR		3. SOCIAL SECURITY NO. 306 86 7309	
4.a. GRADE, RATE OR RANK AR	4.b. PAY GRADE E1	5. DATE OF BIRTH (YYMMDD) 77SEP08		6. RESERVE OBLIG. TERM. DATE Year NA Month Day	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1164 CONNETICUT GARY, IN 46407			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS PELELIU (LHA 5)		8.b. STATION WHERE SEPARATED USS PELELIU (LHA 5) AT SAN DIEGO, CA			
9. COMMAND TO WHICH TRANSFERRED N/A		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) DG - 9760 (ELECTRICAL/MECHANICAL EQUIPMENT REPAIRMAN), 1 YR, 5 MOS. X X X X X X X X X		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period		95	SEP
		b. Separation Date This Period		97	MAR
		c. Net Active Service This Period		01	05
		d. Total Prior Active Service		00	00
		e. Total Prior Inactive Service		00	00
		f. Foreign Service		00	00
		g. Sea Service		01	02
		h. Effective Date of Pay Grade		97	MAR
				05	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, ARMED FORCES EXPEDITIONARY MEDAL, SEA SERVICE DEPLOYMENT RIBBON. X X X X X X					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE. X X X X X X X X X X X X X X X X X X					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			XX	Yes No XX NONE	
16. DAYS ACCRUED LEAVE PAID NONE					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS "THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM." X X X X X X X X DATE: 1/28/2000 BOOK: PAGE: X DOCUMENT NUMBER: 2000-006353 X FILED IN THE STATE OF INDIANA, COUNTY OF LAKE BY RECORDER MORRIS W. CARTER X					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 418 TAFT ST GARY, IN 46402			19.b. NEAREST RELATIVE (Name and address - include Zip Code) CHERLY NORTH (MOTHER) 1164 CONNECTICUT ST GARY, IN 46407		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> IN DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) C N CHIONG, PNCH/SW/AW/USN, PERSOFF BYDIRCO			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Antoine Etienne North</i>					