DURABLE POWER OF ATTORNEY

NOTICE: THIS POWER OF ATTORNEY IS A LEGAL DOCUMENT, AND PROVIDES THE ATTORNEY-IN-FACT WITH BROAD POWERS OVER THE PRINCIPAL'S PROPERTY UNLESS LIMITED BY THE TERMS OF THE POWER OF ATTORNEY ITSELF. THE POWERS GIVEN TO THE ATTORNEY-IN-FACT MAY EXIST FOR AN UNLIMITED PERIOD OF TIME UNLESS LIMITED BY THE TERMS OF THE POWER OF ATTORNEY ITSELF. THE PRINCIPAL MAY REVOKE OR TERMINATE THIS POWER OF ATTORNEY AT ANY TIME. IF YOU NEED ADDITIONAL ADVICE ABOUT THIS POWER OF ATTORNEY OF ATTORNEY, CONSULT WITH A LAWYER BEFORE SIGNING IT.

I, Julie Ann (F) Ranta, of the County of Lake, State of Indiana, hereby appoint John C. Ranta as my
Attorney-in-fact, giving my Attorney-in-fact full power and authority to do anything I would be entitled to do myself, including but not limited to the following:

To lease, sell, exchange, convey and mortgage any of my real estate or parts of my real estate for whatever consideration and under whatever terms my Attorney-in-fact deems appropriate and proper.

To foreclose mortgages and to take title to real property in my name as my Attorney-in-fact deems appropriate and proper.

To execute, acknowledge and deliver deeds of real estate, deeds of trust, mortgages, releases and any and all other instruments relating to my real estate which my

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Attorney-in-fact deems appropriate and proper.

To sell any of my real, personal or other property on any terms, and to use the proceeds of such sale in any manner whatsoever.

To buy any real, personal, or other property on my behalf and on any terms.

To use, maintain, manage and insure my property in any manner.

To invest any of my money or other real or This Document is the property of personal or other property in any manner. Recorder!

To borrow money, use credit cards and accounts, mortgage, pledge or otherwise encumber any of my property.

To do anything I could do myself with regard to retirement and pension benefits or other benefits of employment, and Social Security benefits. I designate my Attorney-in-fact as representative Payee for my Social Security benefits.

To do anything I could do myself with regard to bank accounts, accounts at savings and loan institutions, credit unions and any other institution, including opening, modifying and closing such accounts and signing and endorsing checks or drafts of all kinds.

To do anything I could do myself with regard to safe deposit boxes, including opening and closing such boxes.

To do anything I could do myself with regard to

life insurance policies on myself or anyone else in whom I may have an insurable interest.

To do anything I could do myself with regard to trusts created by me or which exist for my benefit.

To do anything I could do myself with regard to any tax matters or tax returns, including the power to sign any power of attorney form required by the Internal Revenue Service or any other federal, state or local tax authority.

To do anything I could do myself with regard to This Document is the property of any legal suit, action or claim. County Recorder!

To do anything I could do myself with regard to the operation of any business or any interest in any business I may have.

To make gifts of my money or property to any person, or to lend my money or other property to any person on any terms whatsoever.

In addition to the powers enumerated above, I give my
Attorney-in-fact full power and authority to perform
whatever acts are necessary to be done in the premises, and
I hereby ratify and confirm any and every act my
Attorney-in-fact may lawfully do, acknowledging such acts as
my own.

A photocopy of this instrument shall be deemed an original for all purposes.

The real estate referred to in this Power of Attorney is located in Lake County, Indiana, and is legally described

Lot No. Five (5), in Block No (1), as marked and laid down on the recorded plat of Schilling Lake Addiation, being a subdivision of the Southwest Quarter of the Northeast Quarter of Section 17, Township 35 North, Range 9 West of the 2nd P.M. Lake County, Indiana, except the West 132 feet of the East 462 feet of the North 330 feet thereof and except the East 330 feet of the North 660 feet thereof; also that part of the Northwest Quarter of the Southeast Quarter of Section 17, Township 35 North, Range 9 West of the 2nd P.M., lying North of a straight line which intersects the West line of said Northwest Quarter of the Southeast Quarter at a point 250.84 feet South of the Northwest corner of said Northwest Quarter of the Southeast Quarter and intersects the East line of said Northwest Quarter of the Southeast Quarter at a point 56.06 feet South of the Northeast corner of said Northwest Quarter of the Southeast Quarter of said Section 17, as the same appears of record in Plat Book 27, page 23 in the Recorder's Office of Lake County, Indiana.



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This Power of Attorney shall not be affected by my disability or incapacity. It is my intent that this instrument be construed as a Durable Power of Attorney.

AN EXECUTED COPY OF THIS POWER OF ATTORNEY SHALL BE
FILED IN THE COUNTY WHERE THE REAL ESTATE DESCRIBED HEREIN
IS LOCATED, IN THE OFFICE WHERE DEEDS ARE RECORDED. IF
STATE LAW REQUIRES THAT A POWER OF ATTORNEY BE FILED IN ANY
PUBLIC OFFICE IN ORDER TO BE A LEGALLY ACCEPTED DURABLE
POWER OF ATTORNEY, I DIRECT MY ATTORNEY-IN-FACT TO FILE AN
EXECUTED COPY OF THIS INSTRUMENT IN SUCH PUBLIC OFFICE.

If any part of this Power of Attorney is held to be invalid under any law, the remainder of this instrument shall not be affected by such invalidity.

IN WITNESS WHEREOF, I have executed this Power of Attorney on October 12th, 1996.

Julie Ann (F) Ranta

ATTESTATION

We hereby certify that on October 12th, 1996, we witnessed Julie Ann (F) Ranta sign and execute this instrument, declaring and publishing it as her Power of Attorney, in our presence and the presence of each other. We believe Julie Ann (F) Ranta to be of sound mind, under no compulsion or duress, and we sign our names below as

Witnesses in her presence, at her request and in the presence of each other on October 12th, 1996.

Witness 1 Signature

Talle Shander
Witness 1 Name (Printed)

Resides at Clewood Tall
Witness 2 Signature his Document is Street Address

Checap Heights II.

City, State, Cip

Document 18

Resides at Clewood Tall
Witness 2 Signature his Document is Street Address

Checap Heights II.

City, State, Cip

Witness 2 Name (Printed)

City, State, Zip

County of Lake	, ss.)
On this 13th day of October	, 19 <u>96</u> ,
before me, the undersigned, a Notary Pu	blic in and for the
State and County named above, personall	y appeared Julie Ann
(F) Ranta, who is known to me personall	y as the principal
described in and who executed the above	Power of Attorney,
and, after first being sworn, declared	thispinstrument as
her free act and deed, and signed it in	my presence!
Subscribed and sworn to before me October , 19 96. My Commission Expires: NOTARY FUBLIC	this 13th day of
EDGAR M. PRATER NOTARY PUBLIC A Resident Of Lake Grantly, Indiana. My Commission Expires August 14, 1999	(SEAL) SEAL