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STATE OF INDIANA)) SS: COUNTY OF LAKE

GENERAL POWER OF ATTORNEY Key No. 15-335-1

KNOW ALL MEN BY THESE PRESENTS, that I, Maria Simon, Social Security No. 309-42-6774, D.O.B. 12/5/27, of 8035 Hendricks Street, in the Town of Merrillville, County of Lake, State of Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint, my son-in-law, Herbert Ennsmann, Social Security No. 313-68-7955, of 28 W. 550 Washington Avenue, in the Town of Winfield, County of DuPage, State of Illinois, my true and lawful attorney-in-fact, for me in my name, place, and stead, to do all acts that I could lawfully do personally, including, but not limited to the following:

To ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on account of debts and legacies and all property now due or which may hereafter become due and owing to me, and to give good and valid receipts and discharges for such payments.

To sell, assign, and transfer stocks and bonds and securities standing in my name or belonging to me, and to buy and sell securities of all kinds in my name and for my account and at such prices as shall seem reasonable to him; to sign, execute, acknowledge, and deliver in my name all transfers and assignments of securities and to borrow money and pledge securities for such loans if in the judgment of my attorney-in-fact such action should be necessary.

To consent in my name to reorganizations and mergers, and to the exchange of securities for new securities.

To manage real property, to sell, convey, and mortgage realty, to foreclose mortgages, and to take title to property in my name; to execute, acknowledge, and deliver deeds of real property, mortgages, releases, satisfactions, and other instruments relating to realty; to transfer, encumber, mortgage, or otherwise dispose of any and all real and personal property which I currently may own, whether in possession or expectancy, on such terms as he may determine to be reasonable, and without the necessity of accounting to me of how any proceeds obtained from any such transactions are applied.

To do business with banks, specifically with Peoples Bank, in Merrillville, Indiana, and Citizens Financial Services, FSB, in Crown Point, Indiana, and particularly to enderse Thirthecks

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LAKE COUNTY AUDITOR

and drafts made payable to my order and collect the proceeds, to sign in my name checks on all accounts standing in my name, to withdraw funds from said accounts, whether checking, savings, or any other types of accounts, and to open accounts in my name or in his name as my attorney-in-fact.

To make such payments and expenditures as may be necessary in connection with any of the foregoing matters and with the administration of my financial affairs in general; to retain attorneys on my behalf to appear for me in all actions and proceedings to which I may be a party in the courts of Indiana or any other state in the United States, or in the United States courts, to commence actions and proceedings in my name if necessary, and to sign and verify in my name all complaints, petitions, answers and other pleadings of any description.

To make and verify income tax returns, and to represent me in all income tax matters before any office of the Internal Revenue Service or any other taxing authority, within the limitations of the applicable rules and regulations of such taxing authority

By this General Power of Attorney, I hereby give and grant to my said attorney-in-fact full power and authority to do and perform all and every lawful act and thing whatsoever necessary to be done in the premises, as fully and to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my said attorney-in-fact may do pursuant to this power.

This General Power of Attorney shall become effective upon my execution of it, and shall terminate upon my written notification to my said attorney-in-fact or upon my death.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THIS 18 DAY OF APRIL, 1997.

> marrow MARIA SIMON

S.S.#309-42-6774 D.O.B. 12/5/27

Before me, the undersigned, a Notary Public for said County and State, personally appeared Maria Simon, who acknowledged the execution of the above and foregoing General Power of Attorney as her free and voluntary act and for the purposes expressed ingit.

My Commission Expires:

8-23-1997

NOTARY PUBLIC Sandra L. Beger

Resident of PORTER County, Indiana

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This document was prepared by: Maria Simon