U

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

	OF	0.0	
	AVILA FERMIN	<u> </u>	2
РНІ	TO	c)
CTINAPO	O AVILA FERMIN	***	
ATTORN	NEY IN FACT	<u> </u>	<u>ا</u> د
	r of Attorney Docu a Code 30-5, as it may be blaced (the "Statute")	uments Executed by	Мe
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 attorno corney incorporates the power. Therefore, by referr wer of Attorney incorporates into it the powers here	ing to the language of the S	Statute describing powers, this	s'
real property transactions;		[IC 30-5-5-2]	
tangible personal property transactions;	**************************************	[IC 30-5-5-3]	
banking transactions;	********	[IC 30-5- 5- 5]	
business operating transactions;	OFFICIAL	[IC 30-5-5-6]	
insurance transactions;	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	[IC 30-5-5-7]	(·
HARKMAKHIMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ŔĸŖĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	
all other matters.		IC 30-5-5-19]	
Any power I do not wish to incorporate into this y initials opposite the deletion. Any power to be move verified by writing my initials in the space proved the medical decisions,	odified or added I have mod vided here in the margin. authorizations, a	nd rights to inform	d
Rights to all financial	* OD 3 3 3		_
IN FURTHERANCE OF THESE POWERS, I give and in my name those things which such attorney of Power of Attorney, as fully as I could do for myst	deems expedient to and nece		
B. Reservation of Power to Act and to Revol in behalf and also to revoke or amend this Power o	of Attorney.	·	
C. Chapters of Statute Also Applicable. The torney and acts performed under it:	following chapters of the Sta	atute also apply to this Power o	f
Definitions [IC 30-5-2]	F	deliance [IC 30-5-8]	
General Provisions [IC 30-5-3]	I.	iabilities (IC 30-5-9)	
Duties [IC 30-5-6]		ermination (IC 30-5-10)	
D. Liability of Attorney in Fact. As permitted torney in fact is liable only if my attorney in fact a		ai, specifically provide that my	y.
E. Reliance on Power of Attorney. In addit diding institution(s) named in this Paragraph E and	the banking institution nan lave executed a proper instr	ned in Paragraph F may rely or	n
is Power of Attorney being in effect unless I shall had delivered such instrument, or caused it to be del		Account Number	
	Type of Account	Account Number	
d delivered such instrument, or caused it to be del	•	Account Number	_
d delivered such instrument, or caused it to be del	•		- - -

(BANKING INSTITUTION)		(BRANC	н)	(CITY)	
give my attorney in fact power ther individually or jointly wi roperty to it, and to relocate s ddition to those incorporated i	th any other person. I uch box within the ba	give the powe anking instit	r also to remove pro ution or at another	perty from such box or add	
G. Duration of Power of FIKING ALL INAPPLICAB					
a. This Power of Attorne	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	``	
KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK	KRAKKKKAKKKKK KRAKKKKKKK KRAKK	******** ********	XXXXXXXXXXX	·xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
H. Revocation of Prior I ate of this Power of Attorney. I torney. In case of failure to st	Revocation does not af	fect the valid			
I. Guardians. If protection in the community of the commu	as guar	dian of my pe	erson, and		
guardian of my estate, to ser					
J. Successor Attorney				n fact when the person(s)	
est designated and named has rve.					
By giving me written notic uring a period of my incapacit uthorized to act under this Pow accessor or selected by a court	y, my attorney in fact ver of Attorney, wheth	shall continuer designated	ie to serve until a s Vand named in this	uccessor attorney in fact is	
K. Binding Effect. Any a e and my successors in intere			ney in fact under th	is Power of Attorney binds	
Signed this 14th			, xxx _2	O,QAcounterparts,	
ach of which shall be considered	ed an original.				
ounterpart No		ma		Bila. Temi	
			PAINCIPAL'S SIG	NATURE 4	
		5	65-87-6116 PRINCIPAL'S SOCIAL SEC	CURITY NUMBER	
	/	10644		Chicago, IL 60	
			PRINCIPAL'S STREET OR	OTHER ADDRESS	
			PRINCIPAL'S CITY, STATE	AND ZIP CODE	
ATE OF INDIANA	E	SEAL	7]		
OUNTY OF SS		ANAIDN, WOIANA	dilling.		
Before me, the undersigne	od a Notary Public in	and for said	County and State	this 14th.	
y of <u>March</u> , \$9 torney, and acknowledged the	6×204@ rsonally app	peared the pr	rincipal named ab	ove, signed this Power of	
rposes therein stated.	•••	. (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
IN WITNESS WHEREOF,	I nave hereunto set m	y hand and on	icial sea, the day a	nd year last above written.	
	-	<u> </u>	NOTARY PUBLIC'S	SIGNATURE	
COUNTY TO AND THE PROPERTY OF	-	Bruce D. Parent NOTARY PUBLIC S NAME, PRINTED OR TYPED			
V Johnnission Expires: _03,	/07				
				•	
nishins transent prepared by	Bruce D. Par	cent	, , , , , , , , , , , , , , , , , , ,	, Attorney at Law.	
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				ociation, Inc. (Printed Feb. 1992)	

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