

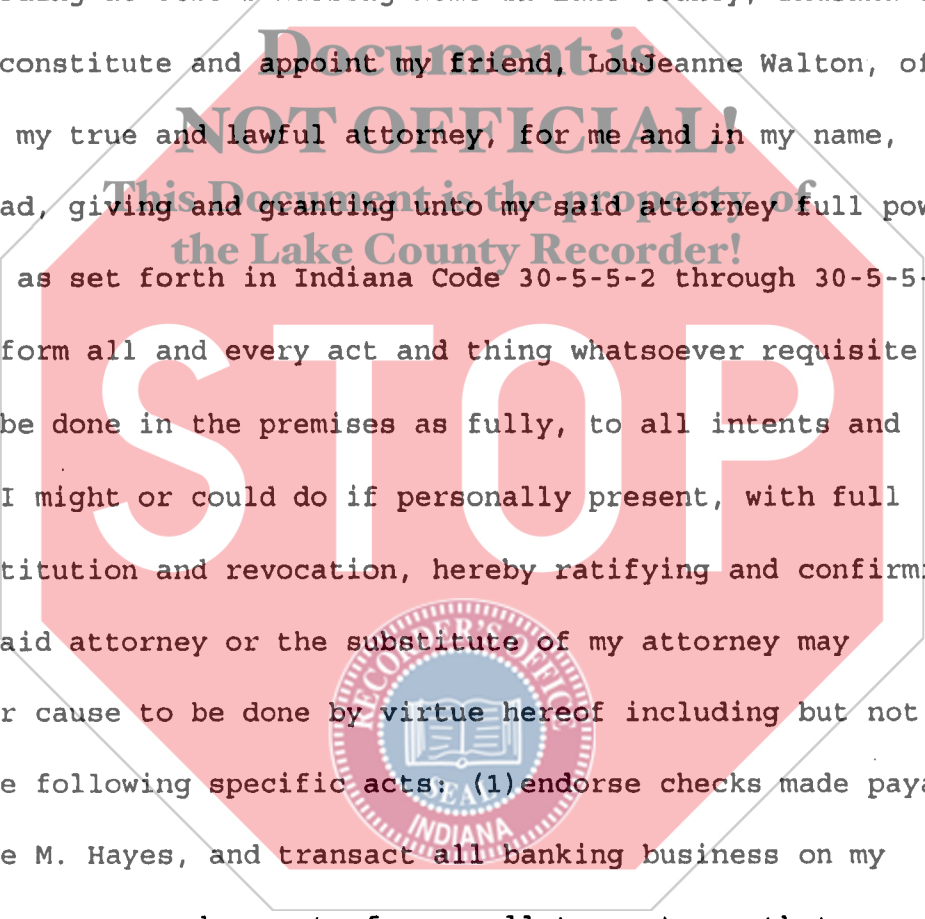
L. A. Walton  
1500 Hendricks  
Gary, IN 46404

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

2000 011267  
GENERAL AND REAL ESTATE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That, I Johnnie M. Hayes  
currently residing at Sebo's Nursing Home in Lake County, Indiana do  
hereby make, constitute and appoint my friend, LouJeanne Walton, of  
Gary, Indiana my true and lawful attorney, for me and in my name,  
place and stead, giving and granting unto my said attorney full powers  
and authority as set forth in Indiana Code 30-5-5-2 through 30-5-5-19  
to do and perform all and every act and thing whatsoever requisite and  
necessary to be done in the premises as fully, to all intents and  
purposes, as I might or could do if personally present, with full  
power of substitution and revocation, hereby ratifying and confirming  
all that my said attorney or the substitute of my attorney may  
lawfully do or cause to be done by virtue hereof including but not  
limited to the following specific acts: (1) endorse checks made payable  
to me, Johnnie M. Hayes, and transact all banking business on my  
behalf; (2) to prepare and execute for me all tax returns that may need  
to be filed; and (3) to execute all documents needed to sell and to  
sell the real estate specifically described as follows:

All of Lot 24, Block 1, Caldwell and Ryan's Addition  
to Tolleston, in Gary, Lake County, Indiana.  
Commonly known as 4646 West 17<sup>th</sup> Ave., Gary, IN 46406  
Tax Key Number: 42-37-24



**FILED**

JUN 12 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

*[Handwritten signature]*

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and to do all things necessary to be done to accomplish such specific acts.

Should my friend, LouJeanne Walton be unavailable, fail or refuse to act then I appoint my son William L. Hayes, instead, as my true and lawful Attorney-in-Fact.

A photocopy of this Power of Attorney certified as a true and complete copy by my attorney-in-fact shall be deemed an original for all purposes whatsoever.

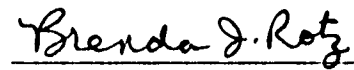
This Power of Attorney shall be effective and shall continue in full force and effect regardless of my subsequent disability or incapacity or uncertainty as to whether I am dead or alive. All acts done by my attorney-in-fact or agent pursuant to this Power of Attorney during any period of disability, incompetence, incapacity or uncertainty as to whether I am dead or alive shall have the same effect and shall bind my heirs, legatees, devisees and personal representatives as if I were alive, competent and not disabled.

IN WITNESS WHEREOF, I hereunto set my hand this 2nd day of June, 2000.

  
\_\_\_\_\_  
JOHNNIE M. HAYES

On this 2nd day of June, 2000, Johnnie M. Hayes personally appeared before me, a Notary Public in and for said County and State, and executed the above Power of Attorney as her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal on the day and year above written.

  
\_\_\_\_\_  
Brenda J. Rotz, Notary Public

My Commission Expires: 11-02-2007  
My County of Residence: Lake