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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 !

MARY S. TIIP

PRINCIPAL

TY

HELEN BOGDAN

ATTORNEY IN FACT

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:

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	real property transactions;	(IC 30-5-5-2) **	fiduciary transactions;	[IC 30-5-5-10]
	tangible personal property transactions;	(IC 30-5-5-3)	claims and litigation;	[IC 30-5-5-11]
1	bond, share, and commodity transactions;	(IC 30-5-5-4)	family maintenance;	[IC 30-5-5-12]
	banking transactions;	(IC 30-5-5-5)	benefits from military service;	[IC 80-5-5-13]
Hi W	business operating transactions;	[IC 30-5-5-6]	records, reports, and statements;	[IC 80-5-5-14]
j	insurance transactions;	[IC 30-5-5-7]	estate transactions;	[IC 30-5-5-15]
	beneficiary transactions;	[IC 30-5-5-8]	all other matters.	[IC 80-5-5-19]
'n.	gift transactions:	IC 30-5-5-91		Control of the Control

[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]

    Reliance [IC 30-5-8]

    General Provisions [IC 30-5-3]

Duties [IC 30-5-6]

Termination [IC 30-5-10]

D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-9-5, 1, 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

Holding Institution

changing it and delivered such instrument, or caused it to be delivered, to such person(s):

FILED

**Account Number** 

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All other persons to whom this Power of Attorney may be delivered may rely on its being to a rectalled the three cutted a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Rectalled LAUDICON County, State of Indiana.

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HOLD FOR FIRST AMERICAN TITLE





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I give my attorney in fact po person. I give the power also to	remove property from such box or ad-	(BRANCH) box and to any other safe deposit box in it d property to it, and to relocate such box	(CITY) Mỹ name either individually or jointly t k within the banking institution or at a	with any other nother. Powers
G. DURATION OF POWER	hose incorporated into this Power of t OF ATTORNEY. SELECT ONLY ONE	of Attorney by reference. E OF THE FOLLOWING PROVISIONS BY S	TRIKING ALL INAPPLICABLE PROVI	SIONS: [in case
of insufficient striking, provision 1. This Power of Attorn	on a applies]: rey is not terminated by my incapaci	ity.		
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\$P\$ 17 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	o finite contrato contrato e inflorente fue albito	<b>***</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX
(TIME)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
does not affect the validity of	an act performed under a prior pow	revoke all powers of attorney I signed wer of attorney. In case of failure to stri	ke, prior powers are revoked.	
of my person, and He	elen Boqdan	r my estate, or for both, are commenced as guardian of my estate, to serve in e	each case without bond as may be per	
shall become my attorney in fa	Y IN FACT. As a successor to my at lact when the person(s) first design	ttorney in fact I designate and name $M$	chael Lucas. Jr. sed to serve as specified in the Statut	Such succesor e, or has/have
declined to serve.  By giving me written notice	e while I am not incapacitated, my at	itorney in fact may resign or decline to so		my attorney in
fact shall continue to serve un	til a successor attorney in fact is auti- selected by a court of competent jui	thorized to act under this Power of Attor	ney, whether designated and named in	this Power of
K. BINDING EFFECT. Any provides.	y act or thing performed by my attorn	ney in fact under this Power of Attorney b	inds me and my successors in interest,	as the Statute
Signed this 13	day of	January, 2000	, tn 3	counterparts,
each of which shall be consider Counterpart No3	ered an original.	X Wall-	Lap-	e islandischer der seine s
		*	PRINCIPALS'S SIGNATURE	Tarange E
		356-26-089 PRINCE	98 IPAL'8 SOCIAL SECURITY NUMBER	
of its way on a		1 1/4 p. 1 (4)	hall Avenue PAL'S STREET OR OTHER ADDRESS	
		Hammond,	Indiana 46323	
		PRINC	PALOUIT, OIALB AND AIR CODE	
STATE OF INDIANA, COUNTY (		SS: /3选		in the second
day of XIMM	d, a Notary Public in and for said Co	nally appeared the principal named above	e, signed this Power of Attorney, and	ıcknowledged
		for the uses and purposes therein state that seal the day and year last above wr		
<b>第</b> 8号 []	ik optikospinija vojek	- Mison	OTARY PUBLIC'S SIGNATURE	
		MASS ADV I	MALIC'S NAME, PRINTED OR TYPED	
My Commission Expires:	9.2.2000	Resident of Sal		County.
This instrument prepared by	James W. Martin. Merrillville, In		Lte 660. Au	orney at Law.
MAIL TO:	At CALL KIN		ALLEN COUNTY INDIANA BAR ASSOCIATION.	INC. (REV. 2/97)
	FOR STATE			
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