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GENERAL
POWER OF ATTORNEY
OF
KIMBERLY L. SALERNO

BY THIS POWER OF ATTORNEY, I name an attorney-in-fact with power to act on my behalf pursuant to IC 30-5, as it exists now and is amended in the future.

1. SINGLE ATTORNEY-IN-FACT. As my attorney-in-fact, I name my husband, Todd M. Salerno, whose address and telephone number are 10010 Northcott, St. John, Indiana 46373; (708) 757-1132.

1.a. LIABILITY LIMITED. My attorney-in-fact shall only be liable for actions undertaken in bad faith.

1.b. NO FEE. My attorney-in-fact shall not be entitled to a fee for services provided as my attorney-in-fact.

2. EFFECTIVE IMMEDIATELY. This power of attorney shall be effective as of the date it is signed.

3. POWERS. I give to my attorney-in-fact or any successor attorney-in-fact, the powers specified in this section to be used on my behalf, PROVIDED that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, specifically retained interests in property given to me by the attorney-in-fact, and which would cause that property to be taxed as owned by the attorney-in-fact.

3.a. REAL PROPERTY. Authority with respect to real property transactions pursuant to IC 30-5-5-2.

3.b. TANGIBLE PERSONAL PROPERTY. Authority with respect to tangible personal property pursuant to IC 30-5-5-3.

3.c. BOND, SHARE AND COMMODITY. Authority with respect to bond, share and commodity transactions pursuant to IC 30-5-5-4.

3.d. BANKING. Authority with respect to banking transactions pursuant to IC 30-5-5-5.

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3.e. **BUSINESS.** Authority with respect to business operating transactions pursuant to IC 30-5-5-6.

3.f. **INSURANCE.** Authority with respect to insurance transactions pursuant to IC 30-5-5-7.

3.g. **BENEFICIARY.** Authority with respect to beneficiary transactions pursuant to IC 30-5-5-8.

3.h. **GIFTS.** Authority with respect to gift transactions pursuant to IC 30-5-5-9.

3.i. **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to IC 30-5-5-10.

3.j. **CLAIMS AND LITIGATION.** Authority with respect to claims and litigation pursuant to IC 30-5-5-11.

3.k. **FAMILY MAINTENANCE.** Authority with respect to family maintenance pursuant to IC 30-5-5-12.

3.l. **RECORDS, REPORTS AND STATEMENT.** Authority with respect to records, reports and statements pursuant to IC 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

3.m. **ESTATE TRANSACTIONS.** Authority with respect to estate transactions pursuant to IC 30-5-5-15.

3.n. **DELEGATE.** Authority with respect to delegating authority pursuant to IC 30-5-5-18.

3.o. **ALL OTHER MATTERS.** Authority with respect to all other matters pursuant to IC 30-5-5-19.

4. **SUPERSEDES PRIOR POWERS OF ATTORNEY.** This power of attorney supersedes all other powers of attorney I executed prior to the date of this power of attorney.

5. GUARDIAN. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.

6. TERMINATION. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death whichever occurs first.

DATE 7/12/00 Name Signed *Kimberly Salerno*

Name Printed Kimberly L. Salerno

Social Security Number 159-62-8740

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COUNTY OF Harris) SS: Galveston

Before me, a Notary Public, in and for said County and State, this 12 day of July 2000, personally appeared Kimberly L. Salerno, and acknowledged the execution of the foregoing instrument to be her free and voluntary act.



Deputy Clerk
Notary Public
County of Residence: Harris

This Instrument Prepared By:
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