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

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2000 AUG 11 AM 9: 39

THOMAS H. QUIGLEY, 608 East 39th Lane, Griffith, Indiana 46319

TO

HENRY E. QUIGLEY, 608 East 39th Lane, Griffith, Indiana 46319

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:

real property transactions;	[IC 30-5-5-2]
tangible personal property transactions;	[IC 30-5-5-3]
	[IC 30-5-5-4]
bond, share, and commodity transactions; of FICED!	[IC 30-5-5-5]
business operating transactions:	[IC 30-5-5-6]
insurance transactions; his Document is the property of	NC 30-5-5-7]
beneficiary transactions; the Lake County AUG 11 2000 gift transactions;	[IC 30-5-5-8]
gift transactions;	[IC 30-5-5-9]
fiduciary transactions; claims and litigation; family maintenance: LAKE COUNTY AUDITOR	[IC 30-5-5-10]
claims and litigation;	[IC 30-5-5-11]
The state of the s	[IC 30-5-5-12]
benefits from military service;	[IC 30-5-5-13]
records, reports, and statements;	[IC 30-5-5-14]
estate transactions;	[IC 30-5-5-15]
all other matters.	[IC 30-5-5-19]

[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].

N/A
// N/A

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] General Provisions [IC 30-5-3] Duties [IC 30-5-6] Reliance [IC 30-5-8] Liabilities [IC 30-5-9] Termination [IC 30-5-10]

- D. Liability of Attorney in Fact. As permitted by IC 30-5-9-5, I, 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 changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Hol	ding Institu	tion			Typ	e of Acc	ount		Acco	unt Nu	ımber	
All institution	ns in which	ı I hav	e an	account	,	Alexandra		<u> </u>			7 - 1 B.	1
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43										1 / 4	igjar s	-, -
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All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of _____Lake _____ County, State of Indiana.

CASIT

at(BANKING INSTITUTION)	
	(CITY)
either individually or jointly with any other per	re access to shabbacands on a other safe deposit box in my namers on. I give the power also to remove property from such box or addithe banking institution or at another. Powers here given are in of Attorney by reference.
	ELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY VS: [in case of insufficient striking, provision a applies]:
a. This Power of Attorney is not termine b.—This Power of Attorney terminates or	
c. This Power of Attorney terminates up	odremy Incapacity or on
(TIME) whiche	ver first occurs (DATE)
	not [strike one] revoke all powers of attorney I signed before the not affect the validity of an act performed under a prior power of ers are revoked.
nominate Henry E. Quigley as	for my person or for my estate, or for both, are commenced, la guardian of my person, and Henry E. Quigley
as guardian of my estate, to serve in each case	
William T. Englen Such inst designated and named has/have failed or c	a successor to my attorney in fact I designate and name successor shall become my attorney in fact when the person(s) eased to serve as specified in the Statute, or has/have declined to ment is the property of
	incapacitated, my attorney in fact may resign or decline to serve
During a period of my in <mark>capacity, my attorney i</mark>	n fact shall continue to serve until a successor attorney in fact is whether designated and named in this Power of Attorney as such
	ormed by my attorney in fact under this Power of Attorney binds
ne and my successors in interest, as the Statu	
Signed this 28 day ofNov	vember , 199 5 , inthree counterparts,
ach of which shall be considered an original.	
Counterpart NoTwo	X Thomas Henry Pugley
a second	THOMAS H. QUIGLEY PRINCIPAL'S SIGNATURE
· 목모를 받아는 경우 회사	723-10-7061
	PRINCIPAL'S SOCIAL SECURITY NUMBER
	608 East 39th Lane PRINCIPAL'S STREET OR OTHER ADDRESS
	Griffith, Indiana 46319 PRINCIPAL'S CITY, STATE AND ZIP CODE
STATE OF INDIANA	X/VDIANE
COUNTY OF LAKE) SS.	
	blic in and for said County and State, this
lay of <u>November</u> , 199 <u>5</u> , personal	ly appeared the principal named above, signed this Power of, as the voluntary act and deed of the principal, for the uses and
	set my hand and official seal the day and year last above written.
IN WITHERD WITHERDOY, I HAVE HEICHMAN	William L. Euslen
	WILLIAM T. ENSIEN NOTARY PUBLIC'S NAME, PRINTED OR TYPED
My Commission Expires: 2-16-54	Resident of Lake County.
and the way of the second of t	박사는 사람들이 있다. 그 없이 가장 사람들은 사람들이 가장 사람들이 가장 그 사람들이 가장 사람들이 되었다.
his instrument prepared by William T. Fr	nslen, 142 Rimbach, Hammond, IN Attorney at Law. (219) 931-1700

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