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STATE OF INDIANA
POWER OF ATTORNEY
LAKE COUNTY
FILED FOR RECORD

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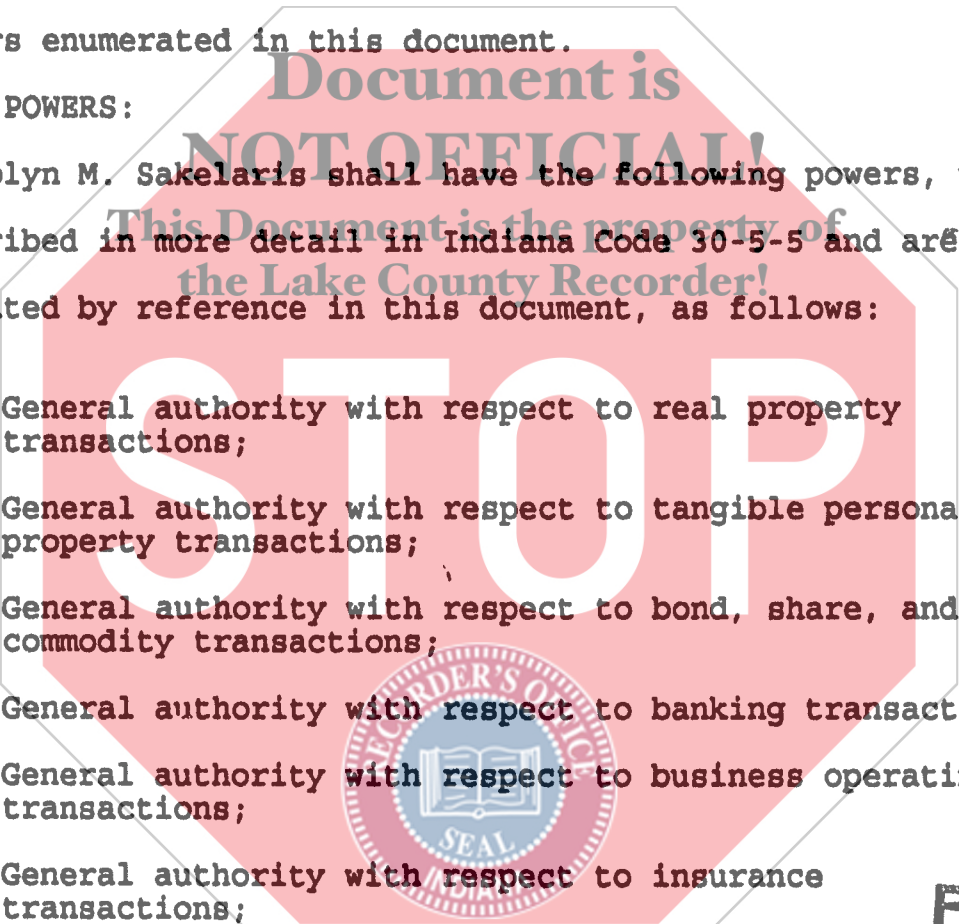
I, John Petera, of Lake County, State of Indiana, being

at least 18 years of age and mentally capable do hereby
designate my daughter, Carolyn M. Sakelaris, of Lake County,
State of Indiana, as my true and lawful attorney-in-fact to have
the powers enumerated in this document.

I. POWERS:

Carolyn M. Sakelaris shall have the following powers, which
are described in more detail in Indiana Code 30-5-5 and are
incorporated by reference in this document, as follows:

1. General authority with respect to real property transactions;
2. General authority with respect to tangible personal property transactions;
3. General authority with respect to bond, share, and commodity transactions;
4. General authority with respect to banking transactions;
5. General authority with respect to business operating transactions;
6. General authority with respect to insurance transactions;
7. General authority with respect to beneficiary transactions;
8. General authority with respect to gift transactions;
9. General authority with respect to fiduciary transactions;
10. General authority with respect to claims and litigation;
11. General authority with respect to family maintenance;



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LAKE COUNTY AUDITOR

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12. General authority with respect to benefits from military service;
13. General authority with respect to records, reports, and statements;
14. General authority with respect to estate transactions;
15. General authority with respect to health care powers;
16. General authority with respect to delegating authority;
17. General authority with respect to all other matters;

and I ratify and confirm all that my attorney-in-fact shall do by virtue of this Power of Attorney. This Power of Attorney in no way limits or restricts my own authority and decision-making capabilities concerning the powers enumerated herein.

II. EFFECTIVE DATE:

This Power of Attorney shall become effective immediately.

II. TERMINATION:

I hereby reserve this right of revocation; however, this Power of Attorney shall continue in full force and effect until I notify my attorney-in-fact in a writing signed by me of my revocation of this Power.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under the Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IV. REIMBURSEMENT OF EXPENSES AND FEES FOR SERVICES

My attorney-in-fact is entitled to reimbursement of all reasonable expenses advanced by him on my behalf but is not entitled to a fee for services rendered.

VI. SUCCESSOR ATTORNEY IN FACT

If Carolyn M. Sakelaris fails to serve or ceases to serve as my attorney in fact as provided by Indiana Code 30-5-4-4, it is within in fact, I reserve the right to designate or re-assign the Powers of Attorney.

IN WITNESS WHEREOF, I have set my hand and seal, this

23 day of February, 2000.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

John L. Patena
John L. Patena

STATE OF INDIANA)
)
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public, this
23 day of February, 2000.

8-27-01

My Commission Expires



Mary J. Shirk
NOTARY PUBLIC, Resident of Lake
County, Indiana

Prepared by John L. Patena