

GENERAL POWER OF ATTORNEY

H62-2502 LD

Chicago Title Insurance Company

BY THIS POWER OF ATTORNEY, I STANA GALICH, of Lake County, Indiana, name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future. I hereby revoke any powers of attorney executed by me prior to the date of this power of attorney.

1. As my attorney-in-fact, I name my son ELI GALICH, whose address and telephone number as of this date are: 3638 43rd Street, Highland, IN, telephone: (219) 924-5184.

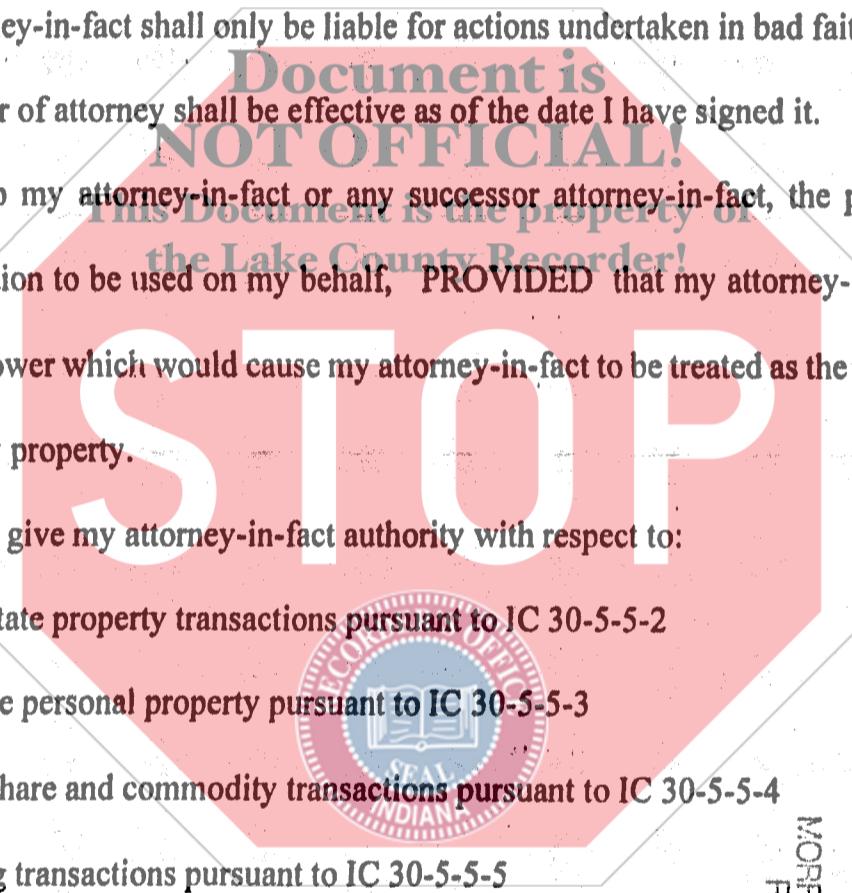
2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.

3. This power of attorney shall be effective as of the date I have signed it.

4. 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 I give my attorney-in-fact authority with respect to:

- a. real estate property transactions pursuant to IC 30-5-5-2
- b. tangible personal property pursuant to IC 30-5-5-3
- c. bond, share and commodity transactions pursuant to IC 30-5-5-4
- d. banking transactions pursuant to IC 30-5-5-5
- e. business operating transactions pursuant to IC 30-5-5-6
- f. insurance transactions pursuant to IC 30-5-5-7 as amended
- g. beneficiary transactions pursuant to IC 30-5-5-8
- h. gift transactions pursuant to IC 30-5-5-9
- i. fiduciary transactions pursuant to IC 30-5-5-10
- j. pursuing claims and litigation pursuant to IC 30-5-5-11
- k. family maintenance pursuant to IC 30-5-5-12
- l. benefits from military service pursuant to IC 30-5-5-13



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MORRIS W. CARTER  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

FILED

AUG 30 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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E.P.  
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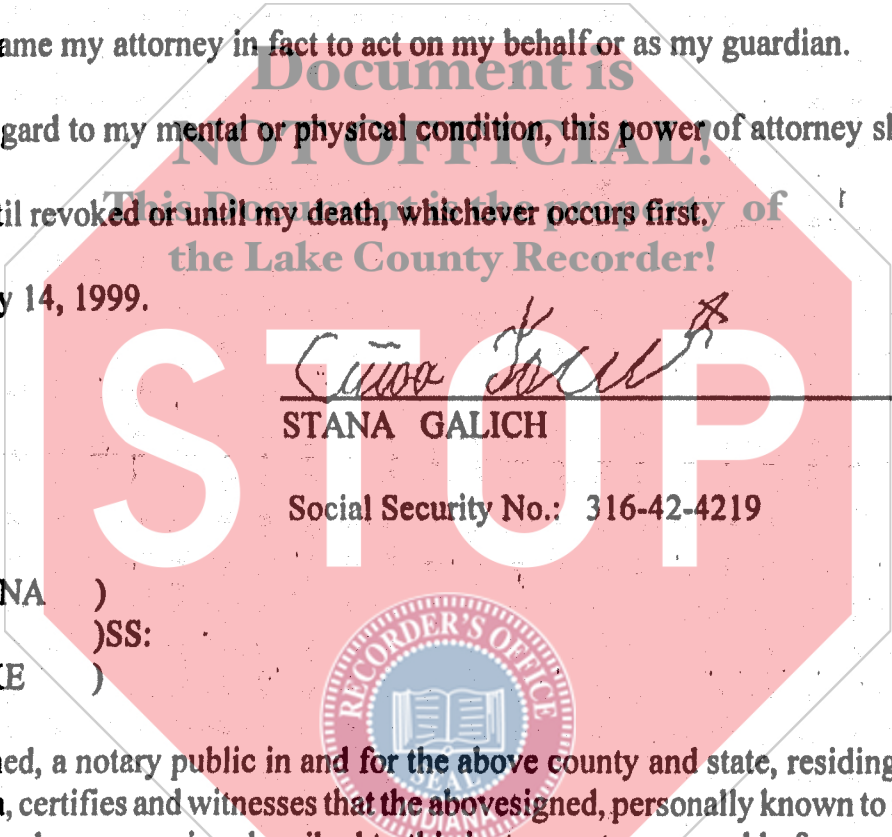
- m. records, reports and statements pursuant to IC 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue
- n. estate transactions pursuant to IC 30-5-5-15
- o. delegation of authority pursuant to IC 30-5-5-18
- p. all other matters pursuant to IC 30-5-5-19.

5. I have been given a copy of the aforementioned Indiana Code sections and I have read and understood them.

6. 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.

7. 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: January 14, 1999.



*Stana Galich*

STANA GALICH

Social Security No.: 316-42-4219

STATE OF INDIANA )  
 )SS:  
 COUNTY OF LAKE )

The undersigned, a notary public in and for the above county and state, residing in Lake County, Indiana, certifies and witnesses that the abovesigned, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: January 14, 1999

My Commission Expires:  
 June 1, 2001

*Mary L. Dunn*  
 Mary L. Dunn, Notary Public  
 Resident of Lake County

THIS INSTRUMENT WAS PREPARED BY DONALD STEPANOVICH,  
 9717 Prairie Avenue, Highland, IN 46322.

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