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GENERAL DURABLE POWER OF ATTORNEY

69394
 I, Rosemary Livengood, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Charles Livengood, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

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I. Powers:

The above named attorney-in-fact shall have the following powers:

- To make, draw and indorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;
- To make and execute any and all contracts;
- To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;
- To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;
- To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise, settle or discharge the same;
- To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;
- To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation of support;
- To execute instruments to effect the transfer of title to any motor vehicle owned by me;
- To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;
- To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded);
- To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or any local government unit and to prepare, sign and file any documents or forms that may be required in these matters;

and I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof.

To make decisions regarding health care

II. Effective date: (delete inapplicable provision)

- (A) This Power of Attorney shall become effective on the 23 day of August, 2000, and shall not be affected by my subsequent disability or incompetence;
- OR
- (B) In the event no date is inserted in (A) above, this Power of Attorney shall become effective upon my disability or incompetence.

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III. Termination: (delete inapplicable provisions)

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

- (A) I have executed and recorded in the Recorder's Office of the County of my domicile a written revocation hereof.
- (B) The 23rd day of August, 2000.
- (C) _____

PETER BENJAMIN
LAKE COUNTY AUDITOR

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

IV. Guardianship: (optional)

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint Charles Livengood to serve as guardian.

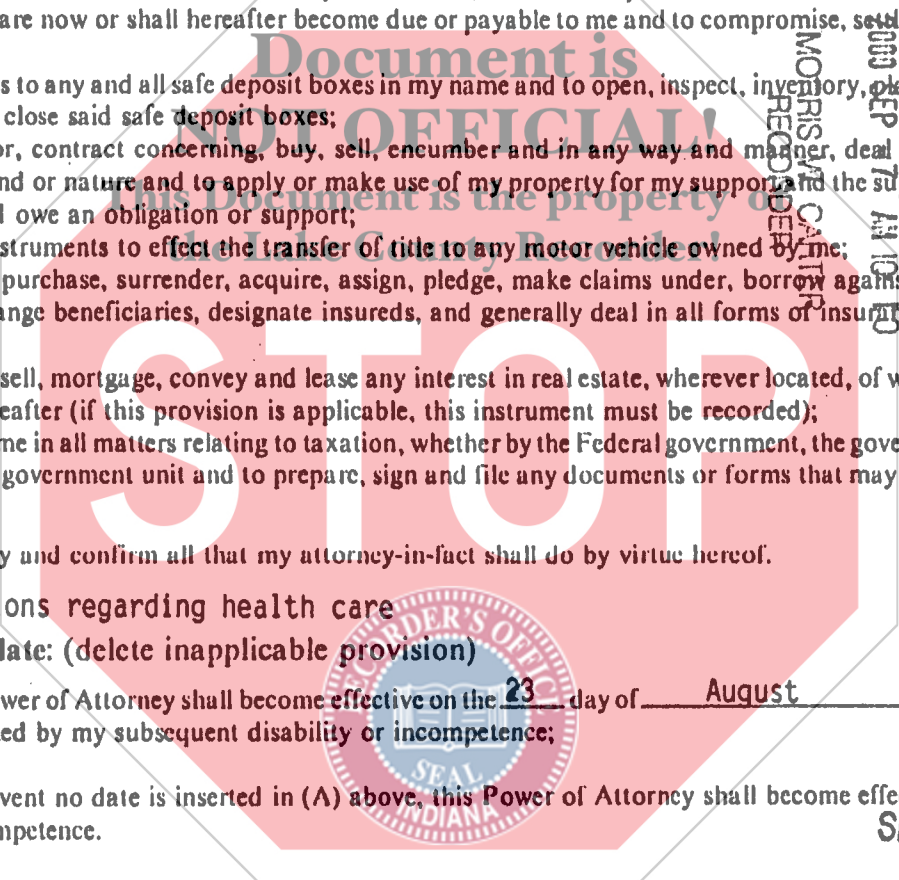
00291

CTIC Has made an accommodation recording of the instrument and has conducted an examination of the instrument and of the land affected.

12.00
AC

C.T.

Chicago Title Insurance Company



IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23 day of August, 2000.

Rosemary Livengood
Rosemary Livengood
(printed)

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared Rosemary Livengood, who acknowledged the execution of the foregoing General Power of Attorney.

WITNESS my hand and Notarial seal, this 23 day of August, 2000.

Dorinda Joanne Sampson
Notary Public
Commission Expires: 7-29-01 Residing in Lake County, Indiana.

This instrument prepared by: Charles Livengood, ~~XXXXXXXXXX~~ Law.

PHYSICIAN'S CERTIFICATE (optional)

Based on examination or previous relationship, I hereby certify that I saw _____, on _____ and that in my opinion (he/she) was, at the time, of sound mind and capable of understanding and handling (his/her) business affairs.

Date: _____
(Physician's Signature)

Printed _____

Address _____

Phone No. _____