

E. Reliance on Power of Attorney. In addition to provisions of the Statute regarding reliance, any holding institution(s) or banking institution and all other persons to whom this Power of Attorney may be delivered 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).

F. Safe Deposit Box. If I have a safe deposit, I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individual or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

G. Duration of Power of Attorney. By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. This Power of Attorney is not terminated by my incapacity. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

H. If the above-named attorney in fact shall die, become unable as certified by a physician in writing, resign or refuse to act, the following person shall act as my successor attorney in fact.


THOMAS DONALD SCHALLER
10023 4TH STREET
HIGHLAND, IN 46322

I. Revocation of Prior Powers. I do revoke all powers of attorney I signed before the date of this Power of Attorney except that for health care dated of this date. Revocation does not affect the validity of an act performed under a prior power of attorney.

J. Guardians. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate MOLLIE JEAN SCHALLER as my unlimited guardian, to serve without bond as may be permitted by law.

Signed this 10 ^{May} ~~October~~ ¹⁹⁹⁹ ~~1998~~, in 5 counterparts, each of which shall be considered an original.

Counterpart No. 1



PRINCIPAL'S SIGNATURE

312-10-9543

PRINCIPAL'S SOCIAL SECURITY NUMBER

728 N. GLENWOOD

PRINCIPAL'S STREET OR OTHER ADDRESS

Griffith, Indiana 46319

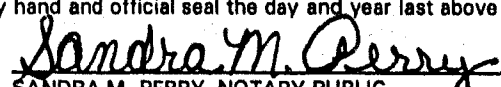
PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA)
)SS.
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 10th ^{May} ~~October~~ ¹⁹⁹⁹ ~~1998~~, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Commission Expires: 10/20/99



SANDRA M. PERRY, NOTARY PUBLIC

This instrument prepared by Burke Costanza and Cuppy LLP, 8585 Broadway, Merrillville, Indiana 46410