

F. SAFE DEPOSIT BOX. I have a safe deposit box, Number _____

at _____
(BANKING INSTITUTION) (BRANCH) (CITY)

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 individually 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. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies]:

- a. This Power of Attorney is not terminated by my incapacity.
- b. This Power of Attorney terminates on _____ at _____
(DATE) (TIME)
- c. This Power of Attorney terminates upon my incapacity or on _____
(DATE)
at _____, whichever first occurs.
(TIME)

H. REVOCATION OF PRIOR POWERS. I do/~~do not~~ (strike one) revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

~~I. GUARDIANS. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate _____ as guardian of my person, and _____ as guardian of my estate, to serve in each case without bond as may be permitted by law.~~

~~J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in fact I designate and name _____ Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.~~

~~By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. 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.~~

K. BINDING EFFECT. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 4th day of October, 2000, in 2 counterparts,
each of which shall be considered an original.
Counterpart No. 2

Angela Cruz
PRINCIPAL'S SIGNATURE

313-62-3210
PRINCIPAL'S SOCIAL SECURITY NUMBER

631 Ohio Street
PRINCIPAL'S STREET OR OTHER ADDRESS

Gary, IN 46402
PRINCIPAL'S CITY, STATE AND ZIP CODE



STATE OF INDIANA, COUNTY OF LAKE SS: _____

Before me, the undersigned, a Notary Public in and for said County and State, this 4th day of October, 2000, 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.

Frank R. Martinez III
NOTARY PUBLIC'S SIGNATURE

FRANK R. MARTINEZ, III
NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 5/1/01 Resident of LAKE County.

This instrument prepared by Frank R. Martinez, III, Attorney at Law.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 073726

2000 OCT 11 AM 8:49

MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name Judson Smith

Address 5219 W Ridge Rd.

City St Zip GARY Ind 46408

Telephone 1319-8381101

Signature Printed _____

Signature Written _____

Date of Signature _____

Check Number _____

Check Amount _____

Cash 11.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____