

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 _____

c. This Power of Attorney terminated upon my incapacity or on _____

at _____, whichever first occurs.

H. REVOCATION OF PRIOR POWERS. I do revoke all powers of attorney I signed before the date of the 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 proceeding for my person or for my estate, or for both, are commenced, I nominate Barbara Kocian as guardian of my person, and Barbara Kocian as guardian of my estate, to serve in each case without bond as my be permitted by law.

J. SUCCESSOR ATTORNEY IN FACT. As successor to my attorney in fact I designate and name John Kocian. 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 2d day of August, 2001 in 3 counterparts, each of which shall be considered an original.

Counterpart No. 1



Mildred Heath
PRINCIPAL'S SIGNATURE
MILDRED HEATH

337-14-1122

PRINCIPAL'S SOCIAL SECURITY NUMBER

1403 N. Wood Street

PRINCIPAL'S STREET OR OTHER ADDRESS

Griffith, Indiana 46319

PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA, COUNTY OF Lake SS: 2d

Before me, the undersigned, a Notary Public in and for said County and State, this 2d day of August, 2001, 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.

America L. McAlpin
NOTARY PUBLIC'S SIGNATURE

America L. McAlpin
NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 05/11/08 Resident of Lake County

This instrument prepared by America L. McAlpin, Attorney at Law, 9111 Broadway, Suite FF, Merrillville, Indiana 46410

MAIL TO: Mrs. Barbara Kocian
3138 Eder Street
Highland, IN 46322