

STATE OF INDIANA )

COUNTY OF LAKE )

) SS: STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2004 045806

DURABLE POWER OF ATTORNEY

BY THIS POWER OF ATTORNEY, I, **Josephine Brown** 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. Indiana Code is hereinafter referred to as "IC".

1. As my attorney-in-fact, I name my daughter, **Bonnie Walls**, whose address is: 588 West 350 South, Hebron, IN 46341 and whose phone number is (219) 988-7367.

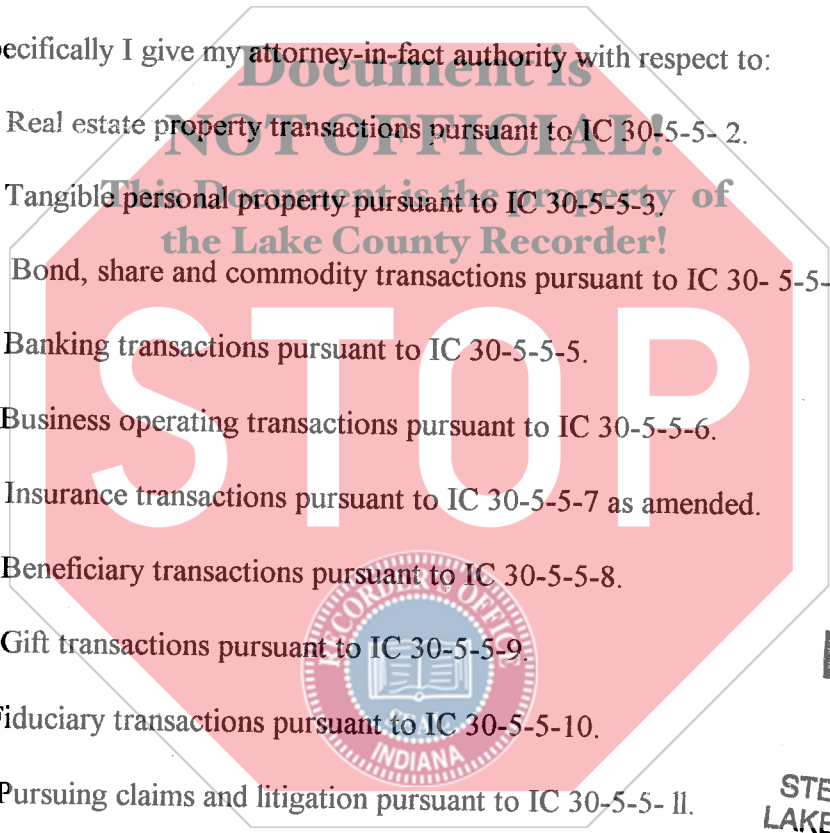
2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.

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

4. I give to my attorney-in-fact, the powers specified in this section to be used on my behalf,

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.
- M. Records, reports and statements pursuant to IC 30-5-5-14.



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- N. Estate transactions pursuant to IC 30-5-5-15.
- O. General authority with respect to health care pursuant to IC 30-5-5-16.
- P. Power to withdraw or withhold health care pursuant to IC 30-5-5-17.
- Q. Delegation of authority pursuant to IC 30-5-5-18.
- R. All other matters pursuant to IC 30-5-5-19.

5. 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.

6. 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 May 9, 2000

Josephine Brown  
Josephine Brown  
SS #: 316-09-0582

STATE OF INDIANA )

COUNTY OF LAKE )

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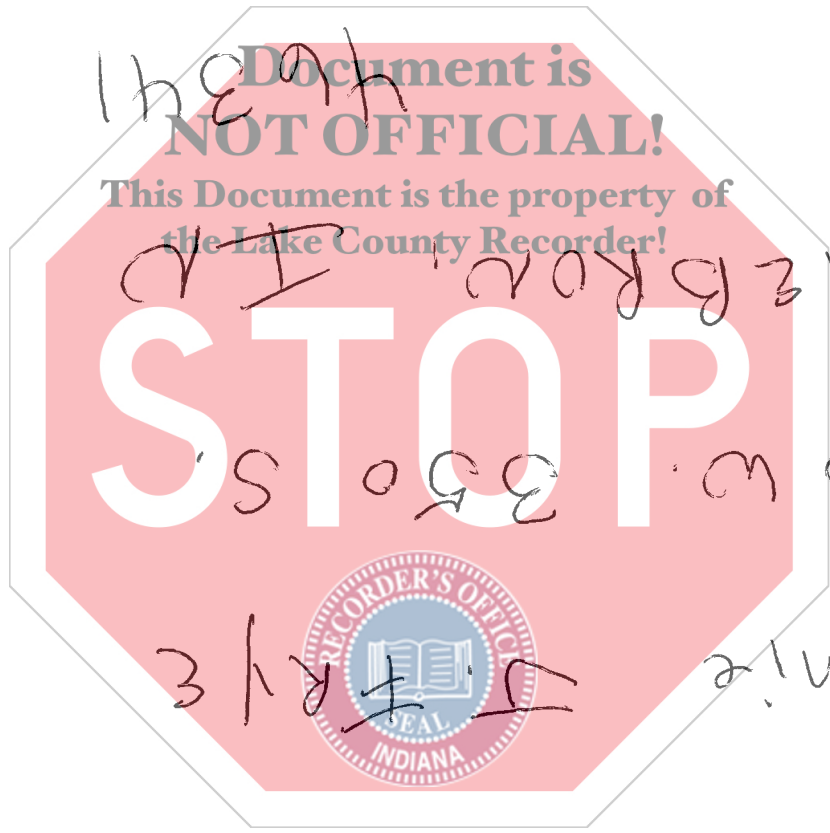
The undersigned, a Notary Public, residing in Lake County, Indiana, certifies and witnesses that the above-signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free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

Date: May 9, 2000



Enequina Rodriguez  
Notary Public  
**ENEDINA RODRIGUEZ**  
**NOTARY PUBLIC STATE OF INDIANA**  
**LAKE COUNTY**  
**MY COMMISSION EXP. JUNE 1, 2001**

*This instrument prepared by: Thomas D. Ryan, Attorney at Law  
Indiana Attorney Number: 6256-45*



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J. FRYE



Bonnie

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