



II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: (select appropriate provision)

as of the date it is signed

as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

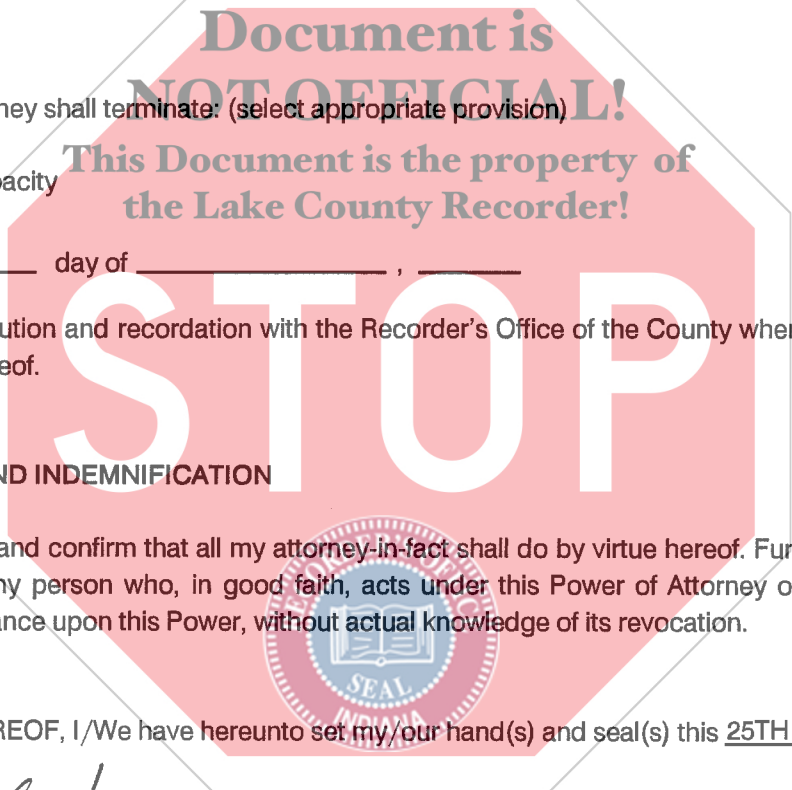
B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.

C. This power of attorney shall terminate: (select appropriate provision)

upon my incapacity

upon the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.



III. RATIFICATION AND INDEMNIFICATION

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

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 25TH day of October, 2004.

Geoffrey Apato  
Printed: GEOFFREY APATO  
STATE OF INDIANA  
COUNTY OF Lake } SS:

Printed: \_\_\_\_\_

Before me, a Notary Public in and for said County and State, personally appeared GEOFFREY APATO and \_\_\_\_\_ who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 25TH day of October, 2004  
Printed: STAR LUGAR Notary Public  
My Commission Expires: JUNE 25, 2007 My County of Residence: LAKE  
This instrument was prepared by GEOFFREY APATO