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GENERAL DURABLE POWER OF ATTORNEY

2005
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I, **MARY L. TAYLOR** of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate my daughter, **LEATRA ANDERSON**, of Lake County, State of Indiana, as my true and lawful attorney-in-fact with power to act on my behalf pursuant to Indiana Code § 30-5-5, et seq., as it exists now and is amended in the future. In the event that my attorney-in-fact fails or ceases to serve, I do hereby designate my sister, **CORA SUE SIMPSON**, of Lake County, State of Indiana, as my successor attorney-in-fact to act with the same general authority as is herein granted my attorney-in-fact.

I. Powers:

The above-named attorney-in-fact shall have powers to act for me in my name and in my place including, but not limited to the following as the same are defined under Indiana Code § 30-5-5, et seq.:

Real property transactions; Tangible personal property transactions; Bond, share and commodity transactions; Banking transactions; Business operating transactions; Insurance transactions ; Beneficiary transactions; Gift transactions Fiduciary transactions; Claims and litigation; Family maintenance; Records, reports, and statements; Estate transactions; Health care powers ; Delegating authority ; as well as all other matters affecting property owned by me.

Notwithstanding the foregoing, in no event shall my attorney-in-fact:

- (1) Have the power to benefit herself or any other person in any way that could result in any part of my property to be includable in such attorney-in-fact's gross estate for federal estate tax purposes, or cause any part of my property to be deemed to be the subject of a taxable gift made by such attorney-in-fact personally.
- (2) Have the power to make any payment or application which would discharge any legal obligation of my attorney-in-fact personally.

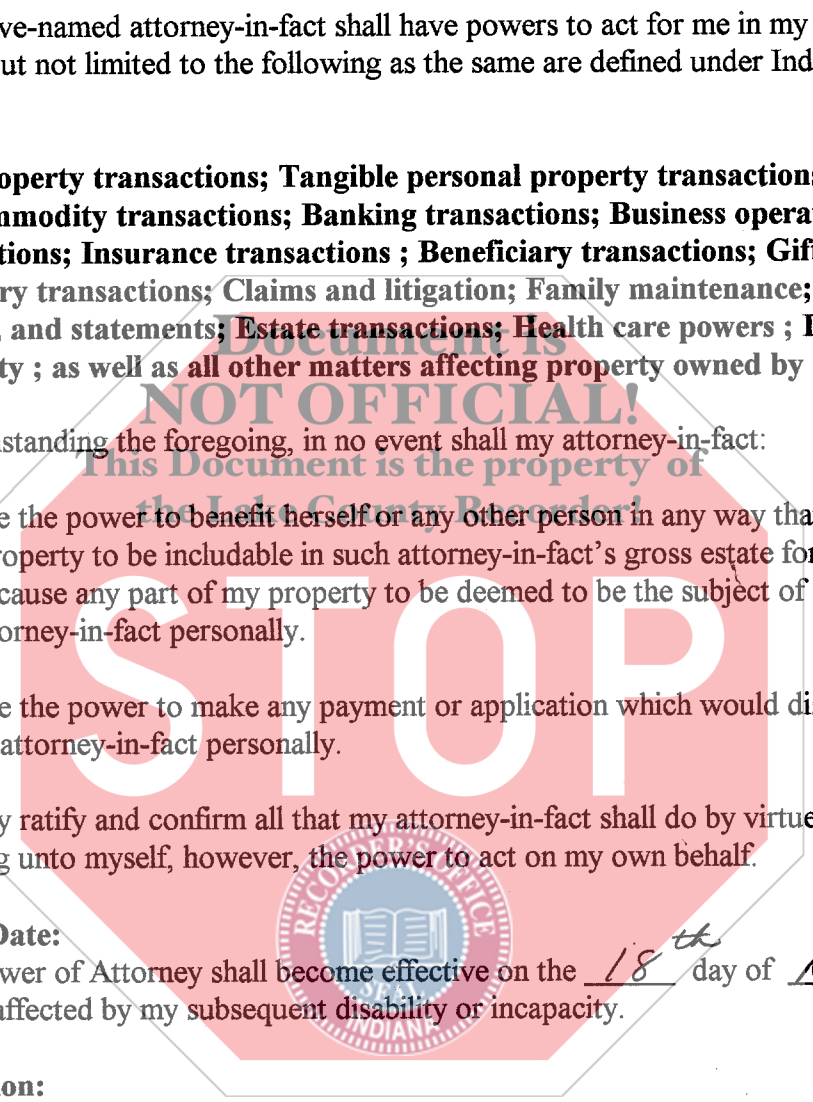
I hereby ratify and confirm all that my attorney-in-fact shall do by virtue of the above powers, reserving unto myself, however, the power to act on my own behalf.

II. Effective Date:

This Power of Attorney shall become effective on the 18th day of December 1998, and shall not be affected by my subsequent disability or incapacity.

III. Termination:

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed a written revocation thereof and the same has been recorded in the recorder's offices, if any, where the Power of Attorney was previously recorded, with appropriate reference made therein to the book and page number or instrument number of



STATE OF INDIANA
LAKE COUNTY
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STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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such recording.

Further I 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.

IV. Guardianship:

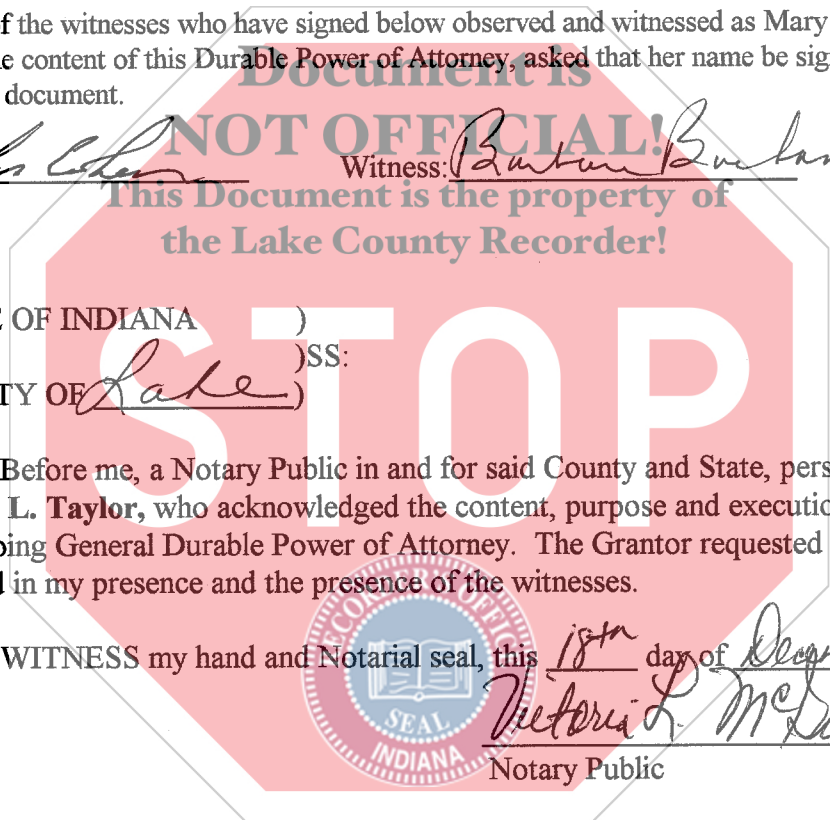
In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint the individual then acting as my attorney-in-fact, pursuant to the foregoing provisions of this Power of Attorney, to serve as guardian.

IN WITNESS WHEREOF, I have hereunto requested that because I cannot grasp a writing implement due to physical disability that my name be signed to this document by a witness on this 18th day December 1998.

Mary L. Taylor
Mary L. Taylor
Social Security # 412-50-5431

Each of the witnesses who have signed below observed and witnessed as Mary L. Taylor, after explanation of the content of this Durable Power of Attorney, asked that her name be signed above in execution of this document.

Witness: [Signature] Witness: [Signature]



STATE OF INDIANA)
)SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared **Mary L. Taylor**, who acknowledged the content, purpose and execution of the foregoing General Durable Power of Attorney. The Grantor requested that her name be signed in my presence and the presence of the witnesses.

WITNESS my hand and Notarial seal, this 18th day of December, 1998.
[Signature]
Notary Public

Commission Expires:
November 20, 2001

VICTORIA L MCGUIRE
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. NOV. 20, 2001

This instrument prepared by:
Meyer, Lyles & Godshalk, P.C. by Lenore L. Heaphey, Attorney at Law
363 S. Lake St., Gary, IN 46403

EXHIBIT "A"

LOT 10, BLOCK 2, IN HILLTOP SMALL FARMS, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 26, PAGE 86, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL ID NUMBER: 25-45-0429-0010

COMMONLY KNOWN AS: 2366 ROOSEVELT PLACE
GARY, IN 46404



Return to: Leatra Anderson
2366 Roosevelt Place
Gary, Indiana 46404

