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Chicago Title Insurance Company

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DURABLE POWER OF ATTORNEY

2005 052601

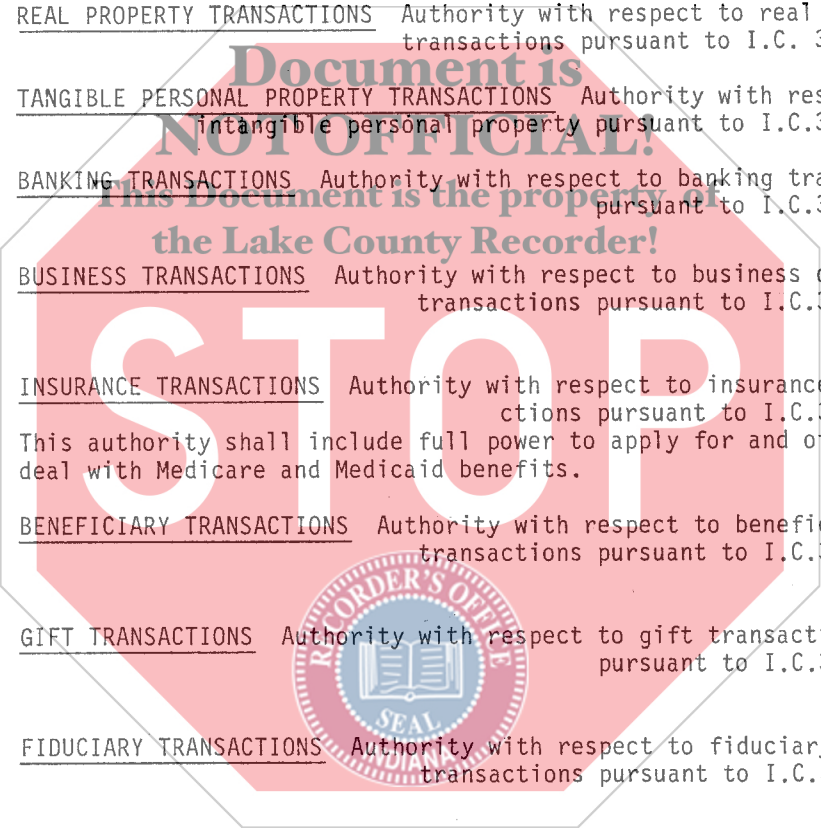
I, Dorothy M. Kist, of 7604 McCook Avenue, Hammond, Lake County, Indiana being at least eighteen (18) years of age and mentally competent, do hereby designate and appoint Mary J. Pettersen, of 7317 McCook Avenue, Hammond, Lake County, Indiana as my true and lawful attorney-in-fact.

If my attorney-in-fact is unable to serve for any reason, I do hereby designate and appoint Linda C. Kist, of 7604 McCook Avenue, Hammond, Lake County, Indiana as my successor attorney-in-fact.

Further, I, Dorothy M. Kist hereby revoke Julie E. Payne as my attorney-in-fact, and likewise do hereby revoke Michael P. Myers as my successor attorney-in-fact. I hereby rescind and disavow the document dated May 18, 2005 purporting to grant them such authority.

I. POWERS I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Indiana Code 30-5-5. The powers given herein shall be considered limited so that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my estate by this instrument. My attorney-in-fact shall have the following powers which I have indicated by my initials:

- DK REAL PROPERTY TRANSACTIONS Authority with respect to real property transactions pursuant to I.C. 30-5-5-2.
- DK TANGIBLE PERSONAL PROPERTY TRANSACTIONS Authority with respect to tangible personal property pursuant to I.C.30-5-5-3.
- DK BANKING TRANSACTIONS Authority with respect to banking transactions pursuant to I.C.30-5-5-4.
- DK BUSINESS TRANSACTIONS Authority with respect to business operating transactions pursuant to I.C.30-5-5-6.
- DK INSURANCE TRANSACTIONS Authority with respect to insurance transactions pursuant to I.C.30-5-5-7. This authority shall include full power to apply for and otherwise deal with Medicare and Medicaid benefits.
- DK BENEFICIARY TRANSACTIONS Authority with respect to beneficiary transactions pursuant to I.C.30-5-5-8.
- DK GIFT TRANSACTIONS Authority with respect to gift transactions pursuant to I.C.30-5-5-9.
- DK FIDUCIARY TRANSACTIONS Authority with respect to fiduciary transactions pursuant to I.C.30-5-5-10.
- DK CLAIMS AND LITIGATION Authority with respect to claims and litigation pursuant to I.C.30-5-5-11.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

Page ONE of FOUR

JUN 24 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Recorder made an accommodation recording of the instrument.

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DK FAMILY MAINTENANCE Authority with respect to family maintenance pursuant to I.C.30-5-5-12.

DK MILITARY SERVICE BENEFITS Authority with respect to benefits from military service pursuant to I.C.30-5-5-13, including the full power to apply for benefits and otherwise deal with matters concerning the Veterans Administration.

DK RECORDS, REPORTS, AND STATEMENTS Authority with respect to records, reports, and statements pursuant to I.C.30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority which is needed to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

DK ESTATE TRANSACTIONS Authority with respect to estate transactions pursuant to I.C.30-5-5-15.

DK HEALTH CARE POWER; RELIGIOUS TENETS Authority with respect to health care pursuant to I.C.30-5-5-16.

DK CONSENT TO OR REFUSAL OF HEALTH CARE Authority to consent to or refuse health care pursuant to I.C.30-5-5-17.

DK DELEGATION OF AUTHORITY Authority with respect to delegation thereof pursuant to I.C.30-5-5-18.

DK ALL OTHER MATTERS Authority with respect to all other matters pursuant to I.C.30-5-5-19.

II. GUARDIAN If it becomes necessary to secure the appointment of a guardian of my person or estate or if protective proceedings are filed on my behalf, I hereby request the appropriate probate court to appoint my attorney-in-fact named herein as my guardian or as the person to act on my behalf.

III. FEES My attorney-in-fact SHALL DK SHALL NOT be entitled to a fee for services provided as my attorney-in-fact.

IV. LIABILITY AND INDEMNITY My attorney-in-fact shall be liable only for actions undertaken in bad faith, provided, however, my attorney-in-fact shall be liable for negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. 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 on this Power, without actual knowledge of its revocation.

V. EFFECTIVE DATE AND INCAPACITY

A. This Power of Attorney shall be effective

OK as of the date it is signed.

_____ as of the _____ day of _____, 2005.

_____ 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 the certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence _____ SHALL OK SHALL NOT affect or terminate this Power of Attorney.

C. This Power of Attorney shall terminate

_____ upon my incapacity

_____ on the _____ day of _____, 2005.

OK upon the execution and recordation with the Recorder's Office of the County of my domicile a written revocation hereof.

VI. REVOCATION

I hereby reserve the right to revoke this Power of Attorney at any time. My attorney-in-fact shall not have the power to revoke all powers of attorney previously executed by me.

VII. DUPLICATE COPIES

Duplicate copies of this document as recorded may be utilized as originals for any and all purposes permitted by law.

IN WITNESS WHEREOF, I have hereunto set my hand this 14 day of June, 2005.

Dorothy M. Kist

DOROTHY M. KIST

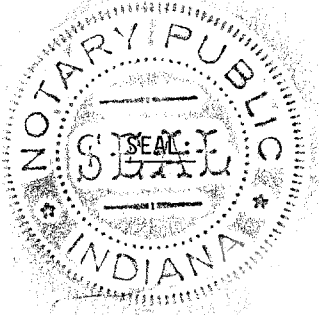
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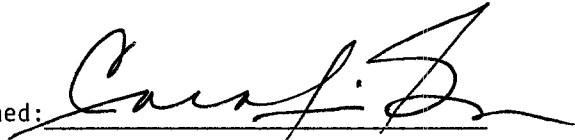
SOCIAL SECURITY NO.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared DOROTHY M. KIST, and acknowledged the execution of the above and foregoing POWER OF ATTORNEY. IN WITNESS WHEREOF, I have set my

hand and notarial seal this 14 day of JUNE, 2005.



Signed: 

Printed: CAROLINA BOROWIEC
NOTARY PUBLIC
RESIDENT OF LAKE COUNTY

My Commission Expires: JULY 19, 2009

