DURABLE POWER OF ATTORNEY
This date FEBRUARY 6, 2003 I, JOHN V. MEISS, of the City/Town of SCHERERVILLE, IN County of LAKE, State of Indiana, hereby appoint ALBINA F. WEISS
I, JOHN V. MEISS, of the City/Town of SCHERESVILLE, 200
County of LAKE, State of Indiana, hereby appoint 1- LBINA 1. DE 15.5
of the City/Town of Schereville, IN, County of LAKE, State of Indiana, as my true and lawful Attorney, for me and in my place and stead, with full power of substitution.
My true and lawful Attorney shall have the power to:
1. make, indorse, draw and accept promissory notes, checks, bills of exchange, drafts or other negotiable instruments.
2. exercise such rights, voting or otherwise, as I may have in any corporation, by virtue of my ownership of any stocks for securities therein, either absolutely or collateral;
3. receive, demand, sue for and recover all property—real or personal, claims, debts, moneys, accounts, legacies, demands of dividends, annuities, proceeds of insurance, recoveries—that are now due or may hereafter become due;
4. adjust, compromise, and execute releases, therefore, as my attorney shall deem fit;
5. to make, execute, and deliver any deed, mortgage or lease in respect of any of my lands and buildings, or any part thereof, and all of the second of the
6. to buy, sell, trade, mortgage, hypothecate, and deal in personal property of any kind or nature;
7. to execute, file, examine, and request copies of any and all tax returns required by the United State or any political subdivision thereof, whether filed by me, or jointly with others;
8. to transact any and all business for me and to do such other acts as may be necessary or desirable to be done to save, protect or promote my business or property, and with the same force and effect as if I were personally present. 9. TO TRANSACT ANY AND ALL MATTERS OF WHATEVER NATURE FOR ME, Furthermore, this Power of Attorney shall not be affected by subsequent disability, or incapacity, or by lapse of time, and shall continue in effect until revoked by me in writing.
And I do hereby ratify and confirm all that my said Attorney, or his substitute, shall do or cause to be done by virtue of this power of attorney.
Signature Signature
State of Indiana, County of Otter ss TOHN EISS
Before me, the undersigned, a Notary Public in and for said County this date 64 36 , 20 03
came,, and acknowledged the execution
of the foregoing instrument.
Witness my hand and official seal. Output Discharge Public Notary Public
Signature Nora L. Olsch (Printed)
epared by: JOHN V. WEISS Resident of LAKE County

Jurisprudence Forms, LTD., P.O. Box 3222, Munster, IN 46321

Consult a lawyer if you doubt this form's fitness for your purpose and use. Jurisprudence, LTD., makes no representation or warranty, expressed or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.