

3

GENERAL POWER OF ATTORNEY

I, ANTOINETTE WATSON / a/k/a Antoinette C. Watson of 6442 Taft Street, Merrillville, County of Lake, State of Indiana, hereby appoints ALICE HOEFLE of 6620 Fillmore Street, Merrillville, Lake County, State of Indiana, as my Attorney in Fact. If Alice Hoefle is unable to serve as my Power of Attorney I hereby nominate and appoint GERALDINE DUDAK of 7745 Delaware Place, Merrillville Lake County, State of Indiana, as successor Power of Attorney.

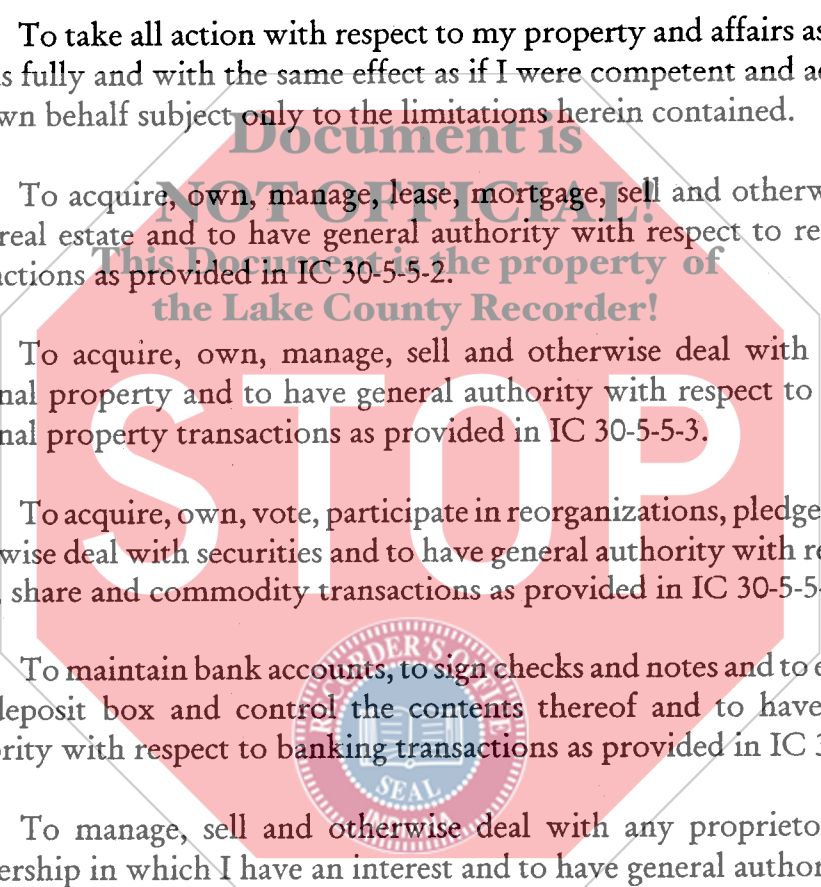
This Power of Attorney shall become effective upon the execution hereof. It shall not be terminated by my incapacity. My Attorney in Fact shall exercise the powers granted hereunder in a fiduciary capacity with due care and in good faith. Subject to the above successor provision, the person who is acting as my Attorney in Fact from time to time can name a successor Attorney in Fact for me. A successor Attorney in Fact shall have all of the powers herein granted to my initial Attorney in Fact. I hereby nominate the person who is serving as my Attorney in Fact as my guardian in the event that it is necessary to appoint a guardian for me. My Attorney in Fact shall have the power:

1. To take all action with respect to my property and affairs as I could take as fully and with the same effect as if I were competent and acting on my own behalf subject only to the limitations herein contained.
2. To acquire, own, manage, lease, mortgage, sell and otherwise deal with real estate and to have general authority with respect to real estate transactions as provided in IC 30-5-5-2.
3. To acquire, own, manage, sell and otherwise deal with tangible personal property and to have general authority with respect to tangible personal property transactions as provided in IC 30-5-5-3.
4. To acquire, own, vote, participate in reorganizations, pledge, sell and otherwise deal with securities and to have general authority with respect to bond, share and commodity transactions as provided in IC 30-5-5-4.
5. To maintain bank accounts, to sign checks and notes and to enter my safe deposit box and control the contents thereof and to have general authority with respect to banking transactions as provided in IC 30-5-5-5.
6. To manage, sell and otherwise deal with any proprietorship or partnership in which I have an interest and to have general authority with respect to business operating transactions as provided in IC 30-5-5-6.
7. To acquire, pay premiums, borrow or otherwise deal with insurance and to have general authority with respect to insurance transactions as

2007 OCT 10 AM 9:06

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



8-15-515-2

#16
TI

FILED

OCT - 5 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

016651

927-6374

TICOR MO

provided in IC 30-5-5-7 without the limitations contained in IC 30-5-5-0 except as modified in paragraph 9 hereof.

8. To exercise all of the rights that I may have as a beneficiary with respect to an estate, trust or other fund and to have general authority with respect to beneficiary transactions as provided in IC 30-5-5-8.

9. In the event I become mentally incapacitated, to make gifts of my property and to have general authority with respect to gift transactions as provided in IC 30-5-5-9 except that the \$10,000 limit on gifts to my Attorney in Fact and his or her dependents shall not apply and gifts to members of my family may be made if they are in the best interests of the recipients so long as such gifts: (a) are not adverse to my best interests; and (b) are made to or for the benefit of my spouse or my descendants *per stirpes*.

10. To take such action as is reasonable or necessary to wind up any matters in which I am acting as fiduciary in the event of my death or incapacity.

11. To exercise all of my legal rights with respect to any matter in which I may have legal rights or legal obligations and to have general authority with respect to claims and litigation as provided in IC 30-5-5-11.

12. To provide for the care, support, and education of members of my family and to have general authority with respect to family maintenance as provided in IC 30-5-5-12.

13. To exercise my military service benefit rights, if any, and to have general authority with respect to benefits from military serve as provided in IC 30-5-5-13.

14. To maintain records of my property and affairs, to file tax returns on my behalf, to have access to my confidential tax records and to have full power and authority with respect to records, reports, and statements as provided in IC 30-5-5-14.

15. In the event I become mentally incapacitated, to exercise all powers with respect to estate and trusts that I can exercise including the power to disclaim interests that I would otherwise be entitled to receive and to have general authority with respect to estate transactions as provided in IC 30-5-5-15 with the additional power to create and fund trusts for the benefit of members of my family so long as the trust interest so created: (a) are not adverse to my best interests; and (b) are made for the benefit of my spouse and/or my descendants *per stirpes*.

This General Power of Attorney ("GPA") shall remain in effect until my death or earlier delivery of a written revocation of this GPA to the person serving as my Attorney in Fact hereunder and, if this GPA is recorded such revocation shall reference the recorded GPA and shall be recorded in each county where this GPA has been recorded.

The references herein to sections of the Indiana Power of Attorney Act, IC 30-5, shall be deemed to be references to the comparable provisions of any amended or successor statute if such Act is amended or replaced.

Dated this 9th day of February, 2006.

Signature: Antoinette D. Watson
Printed: Antoinette Watson
SSN: ~~XXXXXXXXXX~~ D.O.B. 10-1-17
Address: 6442 Taft Street
Merrillville, IN 46410

STATE OF INDIANA)

COUNTY OF LAKE)

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Before me the undersigned, a Notary Public, in and for said County and State, this 9th day of February, 2006, personally appeared ANTOINETTE WATSON and acknowledged the executing of the above General Power of Attorney.

In Witness Whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 10-17-2007
County of Residence: Lake



Eleanor R. Benjamin
Eleanor R. Benjamin Notary Public

This Instrument Prepared By: Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, Indiana 46375. (219) 322-1271 or (219)322-1501. Facsimile (219)322-5279

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Chris Burk