POWER OF ATTORNEY

I OWER OF THE TOTAL OF THE TOTA	-1196
County, Indiana, have made, constituted and appointed, and by these presents in the second se	Ollier Todashwolbird
KNOW ALL MEN BY THESE PRESENTS, that it, with the reserved and appointed and by these presents	nts do make.
constitute and appoint ARIETAHATOWY, LAKE County, In	diana, to be and act as
my true and lawful attorney, for me and in my name and for my use and be	nefit, to handle,
manage and control all my business affairs, with the further right, for me are	nd in my name and for
manage and control all my business affairs, with the further right, for the army use and benefit, to manage, control, and dispose of all my property and	all interests therein
of every nature and kind, and I do grant unto my Attorney-in-Fact the author	ority to in my name
of every nature and kind, and I do grant unto my Attorney-m-ract the authority of every	w kind and nature
and in my place and stead, sign and execute all written instruments of every	and other instruments
including checks, withdrawal slips, proofs of claim on insurance policies, a	and management of
which in the opinion of Attorney-in-Fact shall be necessary in the conduct	and management of
my affairs. This Power of Attorney shall not be affected by subsequent dis	sability of incapacity
of the principal or lapse of time.	
To at the might mayor and an	thority in my name
I do further grant unto my Attorney-in-Fact the right, power and au	Attorney in Fact may
and stead to use such of my resources, including deposits in banks, as my	Attorney-in-ract may
consider necessary for the payment of my bills and obligations.	
The state of the s	Attornov in East
In the making of this Power of Attorney, I do give and grant to my	Attorney-in-ract
complete and absolute power, in my place and stead and in my name, to ac	it with the same resc
and effect as if I were personally present to take such action.	<u> </u>
IN WITNESS WHEREOF, I have hereunto set my hand and seal, t	his May of
IN WITNESS WHEREOF, I have hereunto set my hand and seal, t	mis ve day or
<u>Sept</u> , 20010	5
	(600701 =
ACENT. A.D.	24 142 15
105N. 4 L	271726
STATE OF INDIANA)	
STATE OF INDIANA) SS:	
COUNTY OF LAKE)	
COUNTY OF LAKE	~°™
Before me the undersigned, a Notary Public in and for said County	and State, on This I The
day of 2001 personally appeared and executed the above an	d foregoing Power of many
Attorney as free and voluntary act and deed.	
Attorney as not and volument and and and a	
WITNESS my hand and Notarial Seal.	
"I AFFIRM, UNDER THE PENALTIES FOR	
PERJURY, THAT I HAVE TAKEN REASON-	
ABLE CARE TO REDACT EACH SOCIAL	Notary Public on Co
SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW." A Resident of	CALE County
PREPARED BY: A A	-
My Commission Expires:	AMOUNT 0 12 00
Trif Commission Emphres.	AMOUNT
	CASH CHARGE
Official Seal	CHECK #
LINDA DIXON Resident of Lake County, IN	OVERAGE
My commission expires February 18, 2012	COPY

NON-COM_ CLERK____