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DURABLE GENERAL POWER OF ATTORNEY

GIVEN BY

MARY OPREA

45-07-34-481-019.000-006

I, MARY OPREA, now residing in Lake County, Indiana, do hereby make, constitute and appoint DORIS NOEL, my true and lawful Attorney (hereinafter sometimes referred to in the singular as "my Attorney") and in my name, place and stead, to exercise all or any of the following powers, upon such terms and conditions as my Attorney, in her sole discretion, deems appropriate:

1. AUTHORITY TO MANAGE AND SELL. To manage, control, lease, mortgage, encumber, transfer, sell, convey, exchange or otherwise dispose of any or all property or interest or estate in property to which I am now or may hereafter become entitled, regardless of the nature of such property, whether real, personal or mixed and regardless of the character or extent of my interest or estate therein, and for the purpose of the foregoing to execute, acknowledge and deliver in my name any and all instruments of conveyance, deeds of trust, or assignments in such form and with such warranties and covenants as my Attorney, in his sole discretion, deems appropriate.

2. AUTHORITY TO CONTRACT. To contract, agree for, purchase, receive and take any property or interest or estate in property, whether real, personal or mixed, and to accept possession of the same;

3. OPTIONS AND ELECTIONS. To grant, sell, transfer, exchange, purchase, acquire or exercise any option, election, privilege or power in respect of any property, whether real, personal or mixed;

4. VOTE. To vote any stocks, bonds, or other securities, and to exercise any other election or power which I may now or hereafter have in respect of the organization, dissolution or management of any corporation, and to delegate the power to so **FILED**

5. SECURITIES. To sell any of my property, whether real or personal or mixed and to deliver any stock, securities, bond, deed or obligation;

6. BORROWING AND LENDING. To borrow **LAKE COUNTY AUDITOR** money to make loans of money;

7. AUTHORITY TO SIGN DOCUMENTS. To sign, seal, execute, deliver and acknowledge deeds, leases, mortgages, security agreements, financing statements, hypothecations, bills, bonds, notes, contracts, agreements, receipts, evidences of debts, releases, satisfaction of deeds of trust or mortgages, judgments and other debts and such other instruments in writing of whatever kind and nature;

8. SAFE DEPOSIT BOXES. To enter and have access to any safe deposit box to which I am entitled to access, and to place therein or remove therefrom any property or damages;

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DORIS NOEL
CLERK

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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FIDELITY - HIGHLAND

FB 1000841

BURNET TITLE

9. BANK ACCOUNTS. To deposit in my name and for my account, in any banking institution, building and loan association, savings and loan association, or credit union or credit association, all monies, bills of exchange, drafts, checks, promissory notes, and other securities for money payable or belonging to me, and for that purpose to sign my name and endorse the same for deposit or collection, and from time to time to withdraw any and all monies deposited with any of the foregoing, and for that purpose to draw checks or sign other instruments in my name;

10. SIGN CHECKS. To sign in my name any check, draft, note or other negotiable or non-negotiable commercial instrument which I might lawfully sign in person, whether as maker, drawer or endorser;

11. TAX RETURNS. To prepare, sign and file returns of property or income or other returns for taxation by any taxing authority whatever, and to make any other agreements or sign any other instruments with any taxing authority whatever;

12. COLLECTION. To ask, demand, sue for, recover, collect and receive all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, employee benefits, insurance benefits and demands whatever as are now or shall hereafter become due, owing, payable or belonging to me and to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by legal proceedings, or otherwise deal with and settle claims and in connection therewith to give full discharges and releases from the same;

13. EMPLOYMENT OF ASSISTANTS. To employ and compensate agents, accountants, brokers, attorneys-in-fact, attorneys-at-law, tax specialists, real estate brokers, licensed salesmen and other assistants and advisors;

14. ESTABLISH TRUSTS. To establish trusts for my benefit; and;

15. GENERAL AUTHORITY. To do all such other acts and things in relation to all or any part of any interest in my property, estate, affairs or business of any kind or description as I myself might or could do if acting personally;

PROVIDED FURTHER:

16. COMPENSATION. My Attorney, DORIS NOEL, shall be entitled to reasonable compensation for services rendered.

17. LIMITATION ON AUTHORITY. Any authority granted to my Attorney, DORIS NOEL, shall be limited so as to prevent this power of attorney from causing my Attorney to be taxed on my income and from causing my Attorney to be treated as having a general power of appointment (as that term is defined in Section 2041 of the Internal Revenue Code) over any part or all of my estate.

18. RATIFICATION. I hereby ratify and confirm all that my Attorney, DORIS NOEL, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers granted herein.

19. INDEMNIFICATION. I hereby bind myself to indemnify my Attorney, DORIS NOEL, against any and all claims, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorneys' fees which my Attorney, at any time may sustain or incur in connection with carrying out the authority granted by my Attorney in this power of attorney.

20. REVOCATION. This power of attorney may be revoked, only by my written revocation entered of record in the office of the County Clerk of Lake County, Indiana. Any such revocation must be signed and acknowledged before a Notary Public or other similar official authorized to administer oaths.

21. SUCCESSORS. Should my Attorney be unable or unwilling to serve then I designate as Successor, KENT DANIEL OPREA, to serve in her stead. Such successor shall have all of the benefits, powers, duties, discretions and immunities provided to DORIS NOEL, by this power of attorney.

22. RELIANCE. My death or disability shall not revoke or terminate this agency as to the attorney, agent or other person, who without actual knowledge of my death or disability, acts in good faith under this power of attorney. Any action so taken, unless otherwise invalid or unenforceable, shall be binding upon me and my heirs, devisees, and personal representatives. An affidavit, executed by my Attorney, DORIS NOEL, or any successor appointed by DORIS NOEL, in the manner provided for in this power of attorney, stating that my Attorney did not have, at the time of doing an act pursuant to this power of attorney actual knowledge of the revocation or termination of this power of attorney, is, in the absence of fraud, conclusive proof of the nonrevocation or termination of the power of that time.

23. COPIES. This instrument may be filed of record in any one or more counties within and without the State of Indiana or elsewhere as may be deemed appropriate by my Attorney, and copies of this instrument, certified as true or exact copies by the County Clerk of any of said counties, shall be treated as original copies for all purposes.

24. CAPTIONS. All titles, headings, and captions used herein have been included for convenience of reference only and shall not be deemed to define or limit these provisions or to affect in any way the construction or application of these provisions.

25. DISABILITY. THIS POWER OF ATTORNEY SHALL NOT TERMINATE ON THE DISABILITY OR INCOMPETENCE OF MARY OPREA, but shall continue in full force and effect notwithstanding such disability or incompetence.

26. NO DUTY TO ACT. My Attorney shall not be liable for failing to exercise any of the authority given my Attorney by this power of attorney unless such failure shall be the result of willful misconduct.

27. EFFECTIVE PROVISIONS. The authority vested herein in my Attorney shall be effective only at such time as I am incapacitated which shall mean (1) if and as long as I am adjudicated a disabled person for whom a court has issued a protective order or appointed a guardian or (2) if a Doctor who is an attending physician of mine advises my children that I am unable to transact ordinary business or (3) if I voluntarily authorize my Attorney in Fact to exercise the powers granted herein.

Signed this 26th day of November, 2003, before the person named below, as witness, who has duly witnessed my signing this instrument in four (4) counterparts, each of which shall be considered an original.

Counterpart No. 1 of 4.



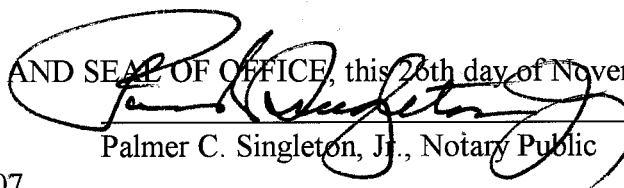
MARY OPREA, Grantor

~~_____~~
Grantor's Social Security Number

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this date personally appeared MARY OPREA., known to me to be the person whose name is subscribed to the foregoing General Power of Attorney and acknowledge to me that she executed it for the purposes therein specified.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 26th day of November, 2003.



Palmer C. Singleton, Jr., Notary Public

My Commission Expires: 01/13/07

Resident of Lake County

*This Instrument prepared by: Palmer C. Singleton, Jr., Esq. (#143-45)
Singleton, Crist, Austgen & Sears, LLP
9245 Calumet Avenue, Suite 200, Munster, IN 46321*

"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