STATE OF INDIA.

GENERAL DURABLE POWER OF ATTORNEY

			Lake County, State
f <u>Indiana</u> , being a	t least 18 years of	age and mentally	y competent, do hereby designate
DAILT THE DE ENOUG	, of	Taleo	County, State of Indiana,
s my true and lawful attorney-in-fact.	, 0.		County, State of Indiana,
Powers:			
The above named attorney-in-fact sha	ll have the follow	ng nowers:	
To make, draw and indorse promissory	notes, checks or b	ills of exchange a	nd to waive demand, presentment
rotest, notice of protest, and notice of no	n-payment of all s	such instruments;	-
To make and execute any and all cont	tracts;		_
To purchase, sell, dispose of, assign and	l pledge notes, stoo	ks, bonds and sec	curities, and to exercise such voting
ghts as my ownership of any notes, stock To sell, purchase, dispose of, assign and	nledge any U.S. S:	vines may entitle	The, either in person or by proxy
nay have interest;	process and other states	go 2011.00 u.i.0	o.o. readily occurres in which
To receive and to demand all sums of m	noney, debts, dues,	accounts, bequest	s, interest, dividends and demands
hatsoever which are now or shall hereafte	r become due or p	ayable to me and	to compromise, settle or discharge
ne same; To have access to any and all safe deport	sit haves in my na	me and to onen in	ocnest inventory place items in an
emove from, and close said safe deposit b	oxes;	ne and to open, ii	ispect, inventory, place items in or
To bargain for, contract concerning.	buy, sell, encumb	er and in any way	and manner, deal with personal
roperty of any kind or nature and to apply	y or make use of n	ny property for my	y support and the support of those
ersons to whom I owe an obligation of St To execute instruments to effect the tr	apport;	ELCIAI	owned by me:
To maintain, purchase, surrender, acq	uire, assign, pledg	e make claims u	nder horrow against nadially on
illy liquidate, change beneficiaries, design	ate insureds, and	generally deal in	all forms of insurance and claims
nereon; the	Lake Coun	ty Kecorde	r!
To purchase, sell, mortgage, convey an	d lease any interes	st in real estate, wi	herever located, of which I may be
wner now or hereafter (if this provision is To represent me in all matters relating t	o taxation wheth	nstrument must b	overnment the sourcement of
tate or any local government unit and to p	prepare, sign and f	ile any documents	or forms that may be required in
nese matters;		,	or required in
nd I hereby ratify and confirm all that my	y attorney-in-fact	shall do by virtue	hereof.
I. Effective date: (delete inapplica	hla massiaism)		
(Court that pp. 100	111111111111111111111111111111111111111	THIND STATE OF THE	
SHARIPANIERS HARACHERS SHARK (A)	AKASSA KOSA ASKA	XXXXXXXXXX	¾ <i>K</i> <u>XXXXXXXXXXXXXX</u>
and a strong percentage of the contract of the	ACCEPTANCE NO STATE	DEDICK:	
(B) In the event no date is inserted in	n (A) above, this l	Power of Attorne	y shall become effective upon my
isability or incompetence.	JEA SEA	Land State	
	VOLAN NOIA	VA	
II. Termination: (delete inapplical	ble provisions)		
I hereby reserve the right of revocation;	however, this Pov	er of Attorney sh	all continue in full force and effect
ntil:			
 (A) I have executed and recorded in the ereof. 	ne Recorder's Offic	e of the County o	f my domicile a written revocation
cieor.			
(D) ==		x .	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		xxxxxxxxx	xxxxxxxxxxxxxxx
Further, I agree to indemnify and hole ttorney or transacts business with my attorn	XXXXXXXXXXX d harmless any pe	rson who, in goo	d faith, acts under this Power of
Further, I agree to indemnify and hole torney or transacts business with my attorney ocation.	XXXXXXXXXX d harmless any pe ney-in-fact in reliar	rson who, in goo	d faith, acts under this Power of
Further, I agree to indemnify and hole ttorney or transacts business with my attorney ocation.	XXXXXXXXXX d harmless any pe ney-in-fact in reliar	rson who, in goo	d faith, acts under this Power of
Further, I agree to indemnify and hole ttorney or transacts business with my attorney occation.	XXXXXXXXXX d harmless any pe ney-in-fact in reliar	rson who, in goo	d faith, acts under this Power of er, without actual knowledge of its
Further, I agree to indemnify and hole ttorney or transacts business with my attorney ocation.	XXXXXXXXXX d harmless any pe ney-in-fact in reliar	rson who, in goo ace upon this Powe	d faith, acts under this Power of er, without actual knowledge of its

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 14-00 CASH

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V. In addition to the foregoing, and although the foregoing is intended to cover all health care decisions as defined under the Health Care Consent Law of the State of Indiana pursuant to Burns Indiana Statutes Annotated, Code Edition, Section I.C. 16-36-1-1 through I.C. 16-36-1-14 as well as any and all subsequent amendments or modifications thereof, I, nevertheless, want it expressly understood that the within General Durable Power of Attorney is intended to cover any and all health care decisions for me at any time when I have lost the capacity to make such health care decisions for myself, including the right to give informed consent, to refuse to give informed consent, or to withdraw informed consent, to any health care that is being or could be provided to me.

VI. It is the express intention of the undersigned, as Principal, that this General Durable Power of Attorney shall be a so-called "Springing General Durable Power of Attorney", that is, that the same shall become effective only upon the incompetence of the Principal, JAMES PLEMONS, pursuant to the Burns Indiana Statutes Annotated, Code Edition, Section I.C. 30-5-1-1 through Section I.C. 30-5-10-4 as well as all subsequent amendments or modifications thereof, or, in the alternative, in the event that the personal physician and/or his associate should designate in writing that the within Grantor of the within Power is not sufficiently competent to attend to his personal and/or business affairs.

VII. Furthermore, the within General Durable Power of Attorney is made, executed and the authority conferred herein shall be exercisable notwithstanding the Principal's subsequent incompetence as defined in I.C. 29-3-1-7.5 and the authority of the within Attorney in Fact, tPAULINE PLEMONS, eisr exercisable by her as provided in the power on behalf of the Principal, JAMES PLEMONS, notwithstanding later incompetence of the Principal at Law or later uncertainty as to whether the Principal is dead or alive pursuant to I.C.30-5-10-3 and 30-5-10-4. All acts done by the Attorney in Fact or Agent, PAULINE PLEMONS, pursuant to the Power during any period of incompetence or uncertainty as to whether the Principal is dead or alive shall have the same effect and inure to the benefit of, and bind the Principal or his heirs, devisees, and personal representatives as if the Principal were alive and competent pursuant to I.C.30-5-10-3 and 30-5-10-4 et seq. and subsequent amendments or modifications thereof.

VIII. And in the event that my Attorney in Fact, PAULINE PLEMONS should refuse, be deceased or unable to so act, I then nominate, constitute and appoint my beloved son, JOHNNY EUGENE PLEMONS, as Successor Attorney in Fact, all in accordance with the foregoing.

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this _____ day of ________, 1996 personally appeared JAMES PLEMONS, who acknowledged the execution of the foregoing General Durable Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the Attorney in Fact as the Grantor's health care representative as authorized under the Indiana Health Care Consent Law, to wit: I.C. 16-36-1-1, et seq.

My Commission Expires: 11-27-99

SUZANNE GOLDSMITH, Notary Public and Resident of Lake County

This Instrument Prepared By: DANKO & GOLDSMITH, Attorneys at Law