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MICHAEL B. BROWN
RECORDER

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, MARGARET M. WEEKS of the County of Lake and State of Indiana, have made constituted and appointed and by these presents to make, constitute and appoint:

MICHAEL A. WEEKS

of the County of Hendricks and State of Indiana, as my agent and true and lawful attorney-in-fact, to do for me and in my name, place, and stead, and for my use and benefit all such actions which I could do if personally present. My agent shall not be bound by any rules of self-dealing conflicts of interest or rule of law concerning undivided loyalties.

If it should be necessary that a guardian be appointed for either my person or estate then it is my direction that my attorney-in-fact herein named be appointed as my guardian and such guardian be allowed to serve without bond or other cost.

This power of attorney shall be known as a Durable Power of Attorney and shall be effective upon my incompetency. I shall be deemed to be incompetent for purposes of this Power of Attorney if my personal physician so certifies in writing, or two physicians selected by my attorney-in-fact so certify in writing. This durable power of attorney shall include, but not be limited to the following:

1. General Grant of Power. To exercise, do, or perform any act necessary to transfer to the trustee of any living trust I have established during my lifetime, whether as sole grantor or jointly with another as grantor, all property, real or personal, tangible or intangible, sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, Social Security, insurance and other contractual benefits and proceeds, all documents of title, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by, or due, owing, payable or belonging to me or in which I have or may hereafter acquire an interest; to have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the transfer thereof and to execute and deliver for me, on my behalf and in my name, documents, deeds, assignments, stock powers or other documents of transfer necessary to effect such transfer.

2. Power to Make Withdrawals from Employee Benefit Accounts and Annuities. To make withdrawals from any pension, profit-sharing, retirement, individual retirement accounts or annuity accounts held in my name.

AMOUNT \$ _____
CASH _____ CHARGE _____
CHECK # 2259
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

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2259
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3. Motor Vehicles. To apply for a Certificate of Title upon, and endorse and transfer to the trustee of any living trust I have established during my lifetime, title to any automobile, truck, pickup, van, boat, motorcycle or other motor vehicles, and to represent in such transfer or assignment that the title to said motor vehicles is free and clear of all liens and encumbrances except those specifically set forth in such transfer or assignment.

4. Tax Powers. To prepare, sign and file federal and state income tax returns or declaration of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to authorize and consent to any gift and to utilize any gift-splitting provision or other tax election; to prepare, sign and file any claims for refund of any tax; and to pay any part or all of the tax shown due by any or all of such income and gift tax returns, including any declaration, interest, and penalties subsequently determined to be due thereon without reimbursement from any other person; to execute and deliver to the Internal Revenue Service or any state revenue service the appointment of any attorney-in-fact, including my above appointed attorney-in-fact or any person authorized to practice before such tax bodies, for any such taxes and for any such years as my attorney-in-fact may deem necessary for the purpose of carrying out the powers granted under this paragraph.

5. Safe Deposit Box. To have access at any time or times in the presence of the trustee of any living trust I have established during my lifetime, or an agent of such trustee, to remove all or any part of the contents thereof for delivery to the said trustee, and to surrender or relinquish said safe deposit box; any institution in which any such safe deposit box may be located shall not incur any liability to me or to my estate as result of permitting my agent to exercise this power in the presence of the trustee or an agent of the trustee.

6. Insurance. To take any and all actions with respect to life, health, property and casualty insurance as may be required to claim any benefits under any policies for payment to the trustee of any living trust I have established during my lifetime. In addition, my attorney-in-fact is authorized to apply for insurance on my behalf, to select proper amounts and types of coverages, cancel, change insurers, and settle any and all claims with or without resort to litigation. As to any policy of life insurance, the attorney-in-fact shall have the right and power to transfer the ownership of such policy to the trustee of any living trust I have established during my lifetime, together with all the rights, benefits and duties under such policy. The action of such attorney-in-fact in making such transfer to my trustee shall discharge the insurance company from any responsibility because of such transfer.

7. Personal Care and Well Being. My attorney-in-fact, or successor, is hereby designated as my Health Care Representative and in the sole and absolute discretion of my attorney-in-fact or successor is authorized to perform every act, deed, matter and thing necessary to provide for my personal care and well being, including inter alia, selection of my abode, employment of companions or practical nurses, to take whatever action is necessary in order to apply for and collect any government benefit due me; purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provisions for any dependents of mine. To the extent provisions of this paragraph contradict provisions of a Medical Power of Attorney, I may execute, whether simultaneously, previously or hereafter, the Medical Power of Attorney shall take precedence.

8. Real Estate. This power is expressly intended to apply to all real estate in which I have a legal interest and the attorney-in-fact is expressly authorized to transfer all such real estate, or interests in real estate, to the trustee of any living trust I have established during my lifetime. For recording purposes only, and not by way of limitation, a schedule containing the legal description of such real estate is attached to this power.

9. Gifts. To make gifts to my living descendants (including my attorney-in-fact) in amounts limited to the annual per donee exclusion or the applicable credit amount for gift and federal estate taxes and to make gifts to charity in accordance with my accustomed pattern of gifting prior to incapacity.

10. Ministerial Nature of Powers. It is not my intention to grant any beneficial interests in my estate by this instrument, but to grant to my attorney-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for provisions of reasonable compensation for services of my attorney-in-fact) not for the personal benefit of my attorney-in-fact.

11. Interpretation. This instrument is to be construed and interpreted as a durable power of attorney. The enumeration of specific items, acts, rights or powers herein is not intended to, nor does it limit or restrict the powers herein granted to my agent, it being my intent in granting this power of attorney to authorize my attorney-in-fact to transfer any assets held in my name over to my living trust, and shall be so construed.

12. Third Party Reliance. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives. Third parties which come into contact with each attorney-in-fact are expressly granted the right to rely upon the terms of this instrument, whether in original or photostatic form. This power of attorney shall remain in force until written notice of cancellation is provided by such one or more to all parties hereto.

THIS DURABLE POWER OF ATTORNEY REVOKES ALL PREVIOUS DURABLE POWERS OF ATTORNEY. THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY LAPSE OF TIME BUT SHALL CONTINUE TO BE EFFECTIVE UNTIL REVOKED BY ME IN WRITING.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21st day of August, 2002.

Margaret M. Weeks (Seal)
MARGARET M. WEEKS

WITNESSES:

James O'Hara
Thomas M. O'Hara

STATE OF INDIANA)
COUNTY OF LAKE)

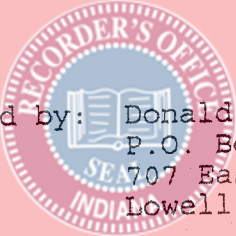
Document is
NOT OFFICIAL!

Before me, a Notary Public in and for the above County and State, personally appeared before me the above named MARGARET M. WEEKS and acknowledged the execution of the above and foregoing power of attorney for the uses and purposes therein stated, this 21st day of August, 2002.

"OFFICIAL SEAL"
DONALD R. O'DELL
NOTARY PUBLIC, STATE OF INDIANA
RESIDING IN LAKE COUNTY
MY COMMISSION EXPIRES 12-20-08

Donald R. O'Dell
Notary Public-Donald R. O'Dell
Residing in Lake County

This instrument prepared by: Donald R. O'Dell, Attorney at Law
P.O. Box 128
707 East Commercial Avenue
Lowell, Indiana 46356



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