

my estate, property, and affairs, as fully and effectually to all intents and purposes as I might or could do in my own proper person if personally present, the above specially enumerated powers being in aid and exemplification of the full and complete and general power herein granted and not in limitation or definition thereof; and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these presents. This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his own estate.

AND I HEREBY declare that any act or thing lawfully done hereunder by my said attorney shall be binding upon myself, and my heirs, legal and personal representative, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney.

This power shall terminate July 1, 1984

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 12<sup>th</sup> day of June 12, 19 84 A.D.

WITNESSETH:

Delores C. Hickman  
Marianna Wanner  
Leola D. Case

Susan K. Hansz (SEAL)

STATE OF INDIANA )  
COUNTY OF MARION )

PROBATE

PERSONALLY appeared before me DELORES C. HICKMAN, who on oath deposes and states that (s)he saw the within named Susan K. Hansz sign, seal, and as her free act and deed deliver the within instrument for the uses and purposes therein stated and that deponent with MARIANNA WANNER and LEOLA D. CASE witnessed the execution thereof.

SWORN TO before me this the 12<sup>th</sup> day of June, 19 84.

Leola D. Case (SEAL)

Notary Public for Marion County RECORDED JUL 2 1984 11:50 AM  
My commission expires 4/26/88

128

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