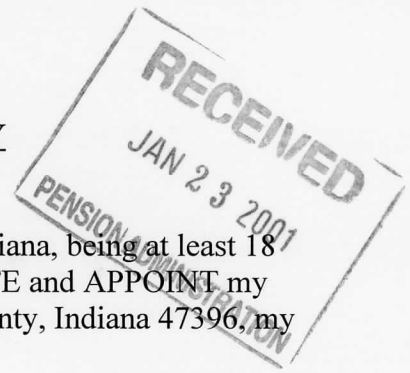


GENERAL DURABLE POWER OF ATTORNEY



I, Ina M. Henderson, of the County of Madison and the State of Indiana, being at least 18 years of age and mentally competent, DO HEREBY MAKE, CONSTITUTE and APPOINT my brother, Walter C. Robbins, 8400 W. CR 400 S., Yorktown, Delaware County, Indiana 47396, my true and lawful attorney-in-fact.

I. Powers:

The above-named attorney-in-fact shall have all the powers to act on my behalf described in Indiana Code §30-5-5-2 through 30-5-5-19, including but not limited to general authority with respect to:

1. Real property transactions;
2. Tangible personal property transactions;
3. Bond, share, and commodity transactions;
4. Banking transactions, including transactions relating to the deposit of pension or retirement funds;
5. Business operating transactions;
6. Insurance transactions;
7. Beneficiary transactions;
8. Gift transactions, provided that gifts to my attorney-in-fact may only be made if substantially identical gifts are simultaneously made to others similarly situated;
9. Fiduciary transactions;
10. Claims and litigations;
11. Family maintenance;
12. Benefits from military service;
13. Records, reports and statements, including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue;
14. Estate transactions;
15. Health care powers;
16. Delegating in writing to one or more persons any or all of these powers; and
17. All other matters, including transactions involving my pension plan/retirement program.

And I do hereby ratify and confirm all that my said attorney-in-fact shall do or cause to be done, by virtue hereof. My attorney-in-fact may be held liable only for acts done in bad faith.

II. Effective Date:

This Power of Attorney shall become effective upon the date it is signed by me. Furthermore, it shall not be affected by my subsequent disability or incompetence or lapse of time.

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I, Ina M. Henderson, of the County of Madison and the State of Indiana, being at least 18 years of age and mentally competent, DO HEREBY MAKE, CONSTITUTE and APPOINT my brother, Walter C. Robbins, 8400 W. CR 400 S., Yorktown, Delaware County, Indiana 47396, my true and lawful health care representative.

I. Powers:

The above-named health care representative shall have general authority with respect to health care powers, including but not limited to the following powers and authority:

1. As my health care representative to act for me in matters of health care in accordance with Indiana Code §16-36-1 et. seq., including the authorization to delegate all or part of this authority to any eligible individual who has not been disqualified as provided in Indiana Code §16-36-1 et.seq;

2. To make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available; and

3. A photocopy of this instrument shall have the same force and effect as any original.

II. Effective Date:

This instrument shall become effective upon the date it is signed by me. Furthermore, it shall not be affected by my subsequent disability or incompetence or lapse of time.

III. Termination:

I hereby reserve the right of revocation.

55 306-14-8007

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this instrument or transacts business with my health care representative in reliance upon this instrument, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 20th day of Sept., 2000.

Ina M. Henderson
Ina M. Henderson

STATE OF INDIANA)
) SS:
COUNTY OF madison)

Before me, the undersigned, a Notary Public in and for said County and State, this 20th day of Sept., 2000, personally appeared Ina M. Henderson, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission Expires:

3/24/07

Monica A. Fleming
Notary Public
Printed: Monica A. Fleming
Resident of madison County, Indiana

This instrument prepared by Andrew R. Retherford [6483-18], Attorney at Law, UAW-GM Legal Services Plan, 1100 Martin Luther King, Jr. Blvd., Muncie, IN 47304; Telephone: (765) 288-8980