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POWER OF ATTORNEY

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OF THEODORE U. KOSIBA

(GRANTOR)

TO JAMES A. KOSIBA

(ATTORNEY-IN-FACT)

The undersigned hereby nominates, constitutes and appoints JAMES A. KOSIBA

whose address is 936 Maxwell Court, Crown Point, IN 46307

as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

(Strike any paragraph not applicable)

(1) Banking and Financial Transactions — (a) To open accounts, in my name or on my behalf, in any bank or trust company, savings and loan company, insurance company, credit union, or any other banking or savings institution, and to deposit into such accounts, or into accounts now existing or hereafter established in my name, any money, checks, notes, drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including but not being limited to checks or drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or similar official of any state, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, withdraw or receive from such accounts, all or any part of the balance therein; (b) to make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) to sign checks, withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts; and (d) to have access to and to remove any or all of my property contained or held in any safety deposit box.

[REDACTED]

(4) Conduct of Business — (a) To manage my property and to conduct my business affairs, including, but not limited to, leasing, managing and maintaining any real or personal property which I may own; (b) to recover, obtain and hold possession of any real estate, monies, goods, chattels, debts, or any other thing in which I may have an interest; and (c) to pay, discharge or compromise any of my debts or other obligations.

[REDACTED]

(6) Other powers specifically designated:

To borrow money or take out loans, in my name or on my behalf, from any bank or trust company, savings and loan institution, or any other banking, savings, credit or loan institution, whenever necessary and for whatever purpose, and to sign or endorse any such documents as may be necessary or required in connection therewith, without limitation as to the period of each such loan, or the amount thereof.

STATE OF INDIANA, S.S. MC LAKE COUNTY, FILED FOR RECORD. FEB 24 9 21 PM '84 WILLIAM BIELSKI JR RECORDER

550

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Miscellaneous Records of \_\_\_\_\_ County, State of Indiana. This Power (shall) (shall not) be affected by my later incompetency. If not revoked as aforesaid, the powers given my attorney-in-fact shall automatically terminate on APRIL 15, 1984, and this instrument shall become null and void.  
(DATE)

Signed this 13 day of FEBRUARY, 1984; before the person named below, as witness, who has duly witnessed my signing of this instrument in three counterparts, each of which shall be considered an original.  
Counterpart No. one

*Theodore U. Kosiba*

GRANTOR THEODORE U. KOSIBA

316-03-7032

GRANTOR'S SOCIAL SECURITY NUMBER

1710 W. 60TH PLACE, MERRILLVILLE, IN

GRANTOR'S ADDRESS

WITNESS TO SIGNING BY GRANTOR

FLORIDA  
STATE OF INDIANA )  
SS:  
COUNTY OF BROWARD )

Before me, the undersigned, a Notary Public in and for said County and State, this 13 day of FEBRUARY, 1984, personally appeared the Grantor named above, and acknowledged the execution of the above instrument to be his/her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

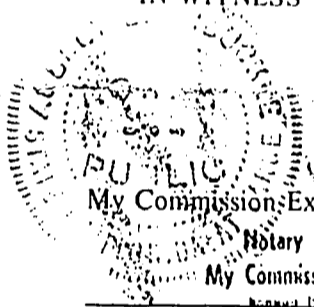
*Audrey E. Gable*

NOTARY PUBLIC

Resident Of:

Broward

County



My Commission Expires:  
Notary Public, State of Florida  
My Commission Expires Nov. 26, 1987

The attorney-in-fact represents and warrants that within his knowledge this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.

*James A. Kosiba*

ATTORNEY-IN-FACT

JAMES A. KOSIBA

This instrument prepared by ROBERT P. FORSZT Attorney at Law.  
3637 Grant Street, P.O. Box 1710, Gary, IN 46409  
Telephone: 219/884-1151