Policy E-410484-5 LD 40004001 Bank of Highland 2611 Highway Ave, Highland, IN 46322

STATE OF INDIANA . )
COUNTY OF LAKE )

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## 782788 POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, ALBERT KOSIOR a/k/a ALBERT W. KOSIOR, of Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint JAMES R. KOSIOR and ALBERT N. KOSIOR, as my true and lawful Attorneys-in-Fact for me and in my name, place and stead to do all or any of the following acts:

To place documents of property or remove same from any deposit box I may have.

To make and enter into contracts to sell or lease the following described realty owned by me in Lake County, Indiana:

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The North Eighty (80) feet of the South Nine Hundred Sixty (960) feet of the West Sixteen and Forty-six (16.46) hundredths acres, of the Northeast Quarter of the Northwest Quarter, in Section Twenty-seven (27), Township Thirty-six (36) North, Range Nine (9) West of the 2nd. P.M., in the Town of Highland, Lake County, Indiana; containing one (1) acre more or less.

and to receive and collect the consideration therefor; to grant bargain, sell and convey said real estate, and to execute propositions, contracts with Attorneys and Realtors, all for such price and on such terms as to him/her shall seem proper, and for me and in my name to make, execute, acknowledge and deliver good and sufficient deeds and conveyances for the same.

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts in my and to make withdrawals from said accounts in my name.

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf.

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt him/her from any personal liability so long as he/she shall use that degree of care which a reasonable person would use with his own property.

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than their ordinary legal liability that they would have in dealing directly with me when they deal with said Attorney; and I further agree that upon recovering my health, I shall give personal notice to such banks, banks or financial institutions of the revocation of this Power of Attorney.

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STATE OF INDIANA/S.S. NO LAKE COUNTY FILED FOR RECORD 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 representatives, 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 and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted;

giving and granting unto my said Attorney full power to do every act necessary to be done about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be affected by the Incompetence of the principal.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of March, 1984.

ALBERT W. KOSIOR

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named ALBERT KOSIOR a/k/a ALBERT W. KOSIOR, who acknowledged the execution of the foregoing Power of Attorney to be his voluntary act and deed

WITNESS MY HAND AND SEAL THIS 5 day of Macco

19 64.

MY COMMISSION EXPIRES:

06-09-87

THIS INSTRUMENT PREPARED BY: JOHN F. HILBRICH, Attorney at Law SMITH, HILBRICH, CUNNINGHAM & SCHWERD LAW OFFICE SMITH, HILBRICH, CUNNINGHAM & SCHWERD LAW OFFICE 2637--45th St., Highland, Indiana 46322

219/924-2424 PH: