



(7) Other powers specifically designated:

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.

If protective proceedings for my person and/or estate shall be commenced, I hereby nominate

Marlene Markovich

as Guardian(s) of my person and as Guardian(s) or Conservator(s);

as the case may be, of my estate, to serve without bond to the full extent permitted by law.

The following named banks, savings and loan associations, investment firms, and/or other persons, firms or corporations listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation:

Holding Institution	Type of Account	Account Number

All other persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS:

~~A. This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute a durable power of attorney under the Indiana Uniform Durable Power of Attorney Act.~~

~~B. This Power of Attorney shall automatically terminate and become null and void on January 1, 1990 (DATE), but shall not be affected by my disability or incapacity prior to such date.~~

~~C. This Power of Attorney shall not be affected by lapse of time, but shall automatically terminate and become null and void upon my disability or incapacity.~~

~~D. This Power of Attorney shall automatically terminate and become null and void on \_\_\_\_\_ (DATE) or upon my disability or incapacity, whichever shall first occur.~~

Signed this 10 day of November, 1989, in 3 counterparts, each of which shall be considered an original.

Counterpart No. \_\_\_\_\_



Joseph S. Burzynski  
GRANTOR  
313-46-3435

GRANTOR'S SOCIAL SECURITY NUMBER: \_\_\_\_\_  
138 Country Lane  
Leominster, Massachusetts 01453  
GRANTOR'S ADDRESS

STATE OF ~~MASSACHUSETTS~~ MASSACHUSETTS

COUNTY OF \_\_\_\_\_

Before me, the undersigned, a Notary Public in and for said County and State, this 10th day of November, 1989, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, 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.

Donald R. D'Amico  
NOTARY PUBLIC

My Commission Expires July 2, 1992

Resident Of: \_\_\_\_\_ County.

This instrument prepared by JOHN J. HALCARZ  
9013 Indianapolis Boulevard  
Highland, IN 46322

