PAUL J. SYNOSH GENNIOR TO DELPHINE LEBRYK (ATORNEY-SEPACE) The undersigned hereby nominates, constitutes and appoints DELPHINE LEBRYK (ATORNEY-SEPACE) The undersigned hereby nominates, constitutes and appoints DELPHINE LEBRYK (ATORNEY-SEPACE) The undersigned hereby nominates, constitutes and appoints DELPHINE LEBRYK (Strike any paragraph not applicable) (I) 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 playable to or belonging to me, including but not being limited to, checks or drafts stacets by the researce 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 the United States Government or by the Treasurer or similar official of any state, 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 the United States Government or by the Treasurer or similar official of any state, 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 of any state of the Treasurer of any other accounts (a) to state accounts (b) to sign checks, withdrawals, drafts, receipt of such accoun	NOAROR			BOS WAY
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Indiana and legally described as follows, to-wit:

Lot 7 in Bloomberg's Second Addition, in the City of Hammond; as per plat thereof, recorded in Plat Book 29 page 20, in the office Recorder of Lake County, Indiana.

H3み-195-7 000**283**

550 5K

IN FURTHERANCE OF THESE in my name those things which such atto			
as fully as I could do personally for m	yself, reserving unto myse		
also to revoke the powers given in this ins		om Alijo jugaminista alijuli liji l	
Any act or thing lawfully done by heirs, assigns and legal representatives.	my attorney-in-fact unde	er this instrument shall be c	oinging on me and on my
If protective proceedings for my pers	son and/or estate shall be c	commenced, I hereby nomina	te
<u>Delphine Lebryk</u> Delphine Lebryk		as Gu	ardian(s) of my person and
as the case may be, of my estate, to serve		etant parmitted by law	ardian(s) or Conservator(s),
The following named banks, savings			rsons, firms or corporations
listed below may rely on this instrumer	nt being in effect and uni	revoked by me unless I sha	ill have executed a proper
instrument of revocation and delivered it, Holding Institution			poration: Account Number
Bank of Highland	<u>che</u> cking	lype of Account and C.D.'s	Account Number
Citizens Federal	C.D.'s		·
Calumet National Bank	C.D.'s		
All other persons, firms and corporation	ons to whom this instrum	ient may be delivered may	rely on its being in effect
and unrevoked by me unless I shall ha be recorded, in the Office of the Recorder	ve executed a proper inst	rument of revocation and r	ecorded it, or caused it to
be recorded, in the Office of the Recorder	O	County, State of India	ina.
SELECT ONLY ONE OF THE FOLIO	WING PROVISIONS BY	STRIKING ALL INAPPLI	CABLE PROVISIONS:
A. This Power of Attorney shall			
it being my intention that this instru Power of Attorney Act.			Indiana Uniform Durable
B. This Power of Attorney shall a			
		incapacity prior to such date	(DATE)
C. This Power of Atterney shall			
null and void upon my disability			
D. This Power of Attorney shall a			(DATE)
or upon my disab	bility or incapacity, whichever	er shall first occur.	
Signed this 10 day of	November	, 19 8 9 in 1	counterparts, each of
which shall be considered an original.	TUNER'S	<u> </u>	counterparts, each of
Counterpart No)
		and 1	Tem of
	GRANICH WOLANA	Paul J. Synosh	MINORC
,	314-	-09-7673	
	GRANTORS	S SOCIAL SECURITY NUMBER	
		e County Nursing	
	GRANTORS	wn Point, Indiana SADDRESS	
STATE OF INDIANA) SS:			
COUNTY OF LAKE			
	n		11sts
Before me, the undersigned, a Notar		or named above, and acknow	
Power of Attorney to be the voluntary ac			
1947			WIND IVE
IN WITNESS WHEREOF, I have h	iereunto set my hand and o	official seal the day and year	last above whiten:
TANKS START TO THE	(
1 Milano	NOTARY PU	Muresa a. A	ALTIVUS
•		Theresa A. Hop	9
My Commission Expires: Sept. 25,	1991 Reside	ent Of:	ake 90 months
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m M TEXN	N DAMCON OOS D	idae Rd Munater	TN A.
This instrument prepared by M. JEAN	A COE , NOGWAN E	rage Nati Pullbret	- / , Attorney at Law.
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र्वे कम्पूबर्टिक इ			
		COPYRIGHT THE ALLEN COUNT	TY INDIANA BAR ASSOCIATION, INC. (REV JAN. 1986)
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