THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

1134		100 100 100 100 100 100 100 100 100 100
J	OF OSEPH T. ZYCH SR. and DOROTHY H. ZYCH, Husband and Wife	380 A
	(GRAINTÓR) TO	355
J	OSEPH ZYCH JR.	
	(ATTORNEY IN-FACT)	
The undersign	ned hereby nominates, constitutes and appointsJoseph Zych Jr.	
vhose address is _	454 Mohawk, Lowell, Indiana	
s my true and law	ful attorney-in-fact to do and perform for me and in my name the following:	•
	[Strike any paragraph not applicable]	
checks, notes, not being lin- department o other official, withdraw or and to sign s checks, withd withdrawal fr	it into such accounts, or into accounts now existing or hereafter established in my name, any most drafts, acceptances or other evidences of indebtedness payable to or belonging to me, including nited to, checks or drafts issued by the Treasurer of the United States or any other official, but r agency of the United States Government or by the Treasurer or similar official of any state, or bureau, department or agency of any State, municipality of other government body; and to dishereceive from such accounts, all or any part of the balance therein; (b) to make such endorsem uch documents as may be required in connection with dishipment of the documents as may be required in connection with dishipment of the following safety deposit box: Box No. [INSTITUTION]	but reau, any urse, neats
(2) Motor Vor in which I (3) Tax Ma amount deterproperty taxe it may be not assessments at (4) Conduct limited to, lea and hold posan interest; an (5) Securitic including but and on such or by proxy; a (6) Transfer fer, for such for conditiona in such manu	d all other safety deposit boxes in my name either individually or jointly with any other person. Tehicles — To sell, lease, maintain, insure, license and re-license any motor vehicle which I may may have an interest and to execute and deliver any instruments required so to do. Itters — (a) To prepare, execute as to least the on my petual documents pertaining to real estate and pay mined due; (b) to prepare, execute as to least the on my petual documents pertaining to real estate and personal applications. For exemption, and (c) to act on my behalf in tax matters were sarry to negotiate, compromise and settle any disputes, including appealing determinations of vand taxes due. of Business — (a) To manage my property and to conduct my business affairs, including but sising, managing and maintaining any real personal property which I may own; (b) to recover, of session of any real estate, monies, goods, chattels, debts, or any other thing in which I may ad (c) to pay, discharge or compromise any of my debts or other obligations. s Transactions — (a) To purchase or otherwise acquire and to sell or otherwise dispose of, secur not limited to, stocks, bonds, notes, and other securities or evidences of indebtedness, all at such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name in peand (c) to receive dividends and other distributions on such securities. of Interest in Real Estate — To sell, convey, lease, grant an option to purchase, or otherwise to consideration and upon such terms as my attorney-in-fact shall deem advisable, and also to execute and deliver any deed, sales agreement, lease, contract and any other document and form as may be necessary or required for my attorney-in-fact to transfer all or any patterney in fact to transfe	any onal here value not otain have ities, price erson rans- tract ent(s)
` ,	nr Taka	
	, Indiana located in Lake Cou	inty,

Plat "LM", The Shades, in the Town of Cedar Lake, Lake County, Indiana, as the same appearance record in Plat Book 12, page 9, Lake County, Indiana.

8HE 25 1990



11005507

IN FURTHERANCE OF THESE POWERS I give my attorney-in-tact power and authority in my name those things which such attorney deems expedient to and necessary to effectuate the intent as fully as I could do personally for myself, reserving unto myself, however, the power to act on malso 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 of heirs, assigns and legal representatives.	of this instrument, iy own behalf and on me and on my
If protective proceedings for my person and/or estate shall be commenced, I hereby nominate as Guardian(s) of my person and
as Guardian(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, fur listed below may rely on this instrument being in effect and unrevoked by me unless I shall have instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation Holding Institution Type of Account Account	rms or corporations executed a proper
All other persons, firms and corporations to whom this instrument may be delivered may rely on and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded be recorded, in the Office of the Recorder of Document Sounty State of Indiana.	
SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING M.L. INAPPLICABLE A. This Power of Attorney shall not be affected by my subsequent disability or incapacity, no it being my intention that this instrumence that the fact the following provided the Indiana Power of Attorney Act. B. This Power of Attorney shall automatically terminate and become null and void on	E PROVISIONS: r by lapse of time, a Uniform Durable
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 terminal and void upon my disability or incapacity. D. This Power of Attorney shall automatically terminate and become null and void on	
Signed this day of to to co which shall be considered an original.	unterparts, each of
Counterpart No. ONE Grantor: JOSEPH A. ZYCH SR. GRANTOR SOROTHY II. GYCH	jeh
SS: 308-18-3016 GRANTOR'S SOCIAL SECURITY NUMBER	
12302 Alexander Street Cedar Lake, IN 46303 Grantor's Address 12302 Alexander Street Cedar Lake, IN 46303 GRANTORS ADDRESS	
STATE OF INDIANA) SS: COUNTY OF Lake)	
Before me, the undersigned, a Notary Public in and for said County and State, this	the execution of this
IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last about the last of the last about the last of the last about the last of th	ove written.
My Commission Expires: 12-16-89 Resident Of: Lake	County.
This instrument prepared by Timothy S. Schafer, 5875 Broadway, Merrillville IN 46410	_, Attorney at Law.