LTIC#52199

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LAWYERS TITLE OF INDIANA
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

POWER OF ATTORNEY

92010482

OF

MYKOLA MALYJ and ANNA MALYJ
(GRANTOR)

TO

CAROL DOEDE
(ATTORNEY-IN-FACT)

FILED
FEB 10 1992
Anna N. Antos
AUDITOR LAKE COUNTY

The undersigned hereby nominates, constitutes and appoints CAROL DOEDE whose address is 405 Main St., Hobart, Indiana 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 in my behalf, in any bank or trust company, savings and loan association or company, credit union or any other banking or savings institution, and to deposit in such accounts any money, checks, notes, drafts, or other instruments payable to or belonging to me, including but not limited to checks or drafts issued by the Treasury of the United States or any other official bureau, department or agency of the United States or any State, municipality or other governmental body, and to disburse, withdraw or receive from such accounts any money or property belonging to me, (b) to endorse and to sign checks, withdrawal slips or other documents required in connection with disbursement or withdrawal from such accounts, and (c) to have access to and to remove any or all of my property contained in the following safety deposit boxes located at

(INSTITUTION) (BRANCH)

(ADDRESS)

and in any and all other safe deposit boxes in my name or in which I am individually or jointly with my wife or other person.

(2) Motor Vehicles — To sell, lease, maintain, insure, license and register any motor vehicle which I may own or in which I may have an interest and to execute and deliver any instruments required thereby.

(3) Tax Matters — (a) To prepare, execute and file on my behalf income and other tax returns and pay any income or other taxes due thereon, (b) to prepare, execute and file on my behalf homestead property tax, assessment and application for exemption, and (c) to act on my behalf in any matter where it may be necessary or appropriate to represent me and act for me in dealing with any tax or assessment matter, including appealing decisions or determinations of value or assessment.

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

(5) Securities Transactions — (a) To purchase or otherwise acquire and to sell or otherwise dispose of securities, including but not limited to stocks, bonds, notes and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine, (b) to act in my behalf in such matters in person, or by proxy and (c) to receive dividends and other distributions on such securities.

(6) Transfer of Interest in Real Estate — To sell, convey, lease, grant an option to purchase, or otherwise transfer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and any other document(s) of such nature and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in the following described real estate: [Strike (a) or (b).]

FILED
DEC 05 1991
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AUDITOR LAKE COUNTY

(a) Any and all real estate in which I now hold or may hereafter acquire an interest.

[or]

(b) Only the real estate commonly known as 3516 Carolina Gary, Indiana located in Lake County,

Indiana and legally described as follows, to-wit: Key # 47-22-5

Lot 5, Block 3, in Schug Park South Broadway Addition to Gary, as shown in Plat Book 8, page 9, Lake County, Indiana.

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(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 _____ 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 banks, savings and loan associations, firms and corporations is authorized by me to act in this matter, being of full age and sound mind, shall have access to proper information and data in connection with such transaction:~~

~~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.

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

~~A. This Power of Attorney shall be effective only upon my disability or incapacity, being my intent that this instrument be a durable Power of Attorney.~~

B. This Power of Attorney shall automatically terminate and become null and void on upon sale of real (DATE), estate, but shall not be affected by my disability or incapacity prior to such date.

~~C. This Power of Attorney shall be effective only upon my disability or incapacity, but shall automatically terminate and become null and void upon my recovery.~~

~~D. This Power of Attorney shall automatically terminate and become null and void on xxxxxxxxxxxxxxxx (DATE), xxxxxxxxxxxxx upon my disability or incapacity, which shall be a durable Power of Attorney.~~

Signed this 26th day of September, 19 91, in 1 counterparts, each of which shall be considered an original.

Counterpart No. 1

Mykola Malyj
GRANTOR MYKOLA MALYJ

Anna Malyj
GRANTOR ANNA MALYJ

314-42-7799
GRANTOR'S SOCIAL SECURITY NUMBER

314-42-7800
GRANTOR'S SOCIAL SECURITY NUMBER

3516 Carolina, ~~Hobart~~ Gary, Indiana
GRANTOR'S ADDRESS

3516 Carolina, ~~Hobart~~ Gary, Indiana
GRANTOR'S ADDRESS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 26 day of September, 19 91, 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.

Peggy K. Hunt
NOTARY PUBLIC
Peggy K. Hunt

My Commission Expires: 2/26/93

Resident Of: Lake County.

This instrument prepared by ERVIN C. CARSTENSEN, Attorney at Law.
1000 E. 80th Pl., Suite 517, Merrillville, IN 46410

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