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

## POWER OF ATTORNEY

92024557

Return to: First American Title Insurance Company 5265 Commerce Drive Crown Point, Indiana 46307

OF

JACK KWITEK, 2238 167th Street, Hammond, Indiana

KERRY D. McCLELLAND, 717 North Arbogast, Griffith, Indiana (ATTORNEY-IN-FACT) 46319

The undersigned hereby nominates, constitutes and appoints KERRY D. McCLELLAND, APR 1 6 1992

whose address is 717 North Arbogast, Griffith, Idniana 46319 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) Toropen 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 gayable to or belonging to me, including but not being limited to, checks of drafts issued by the Treasurer of the United States or any other official, bureau, department or agency of the United States Government or by the Treasurer or smaller official of any state, or any other official, bureau, department or agency of any State, municipality or other government body; and to disburse, with draw or received the state of the state withdraw or receive from such accounts, all or any part of the balance therein to to make such endorsements and to sign such documents as may be required in connection with deposit into any of such accounts; (c) to sign schecks; withdrawals, drafts, receipts or other documents as may be required in connection with disbursement or withdrawal from or receipt of such accounts, and (d) to have access to and to remove any or all of my property contained or held in the following safety deposit box: Box No. = located at:

(INSTITUTION) (BRANCH) (ADDRESS)

and in any and all other safety deposit boxes in my name cither individually or jointly with any other person. (2) Motor Vehicles — To sell, lease, maintain, insure, license and re-license any motor vehicle which may own

- or in which I may have an interest and to execute and deliver any instruments required so to do.

  (3) Tax Matters (a) To prepare, execute and file on my behalf-income and other tax returns and pay any amount determined due; (b) to prepare, execute and file on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions, and (c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.
- (4) Conduct of Business (a) To manage my property and to conduct my business affairs, including but not limited to, leasing, managing and maintaining any real experience of any real estate, monies, goods, chattels, debts, or any other thing 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 Sand on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, 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) in such manner 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).]

`	Any and all rear estate in which I now hold, or may hereafter acquire, an interest.	
(b)	[or] Only the real estate commonly known as 2238 167th Street, Hammond,	<del></del>
	, Indiana located in Lake	County,

LOT 3 IN BLOCK 2 IN FORESTDALE, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 16, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. #33-100-3

00876 0° fa

Indiana and legally described as follows, to-wit:

is fully as I could do personally for myself, resealso to revoke the powers given in this instrument.  Any acteor thing lawfully done by my atto	ns expedient to and necessary to effectuate the intent erving unito myself, however, the power to act on n rney-in-fact under this instrument shall be binding	ny own behalf and!
neirs, assigns and legal representatives.	and the short has a summarized distance to the same of	arry D
	r estate shall be commenced, I hereby nominate K	o) of my person and
Kerry D. McClelland and Valorie Me	cClelland asiGuardian(s	
sted#below may rely_on this; instrument being;	associations, investment firms, and/or other persons, fi inteffect; and unrevoked by me unlessed shall have that to be delivered, to such person, firm or corporation	executed tal proper.
		A STATE OF THE STA
		/
and an extended the complete section of the section		
ind unrevoked by me unless I shall have execute	ed a proper instrument may be delivered may rely on ed a proper instrument of revocation and recorded county, State of Indiana.	it, or caused it to
Power of Attorney Act. Determination	ROVISIONS BY STRIKING ALL INAPPLICABLE fected by my subsequent disability or meagacity, no istitute a durable power of attorney under the Indian my disabilities chall be made by my	r by lapse of time,
	ally terminate and become null and void on	(DATE)
C. This Power of Attorney shall not be af null and void upon my disability or incapacity	my disability or incapacity prior to such date.  fected by lapse of time, but shall automatically terminate and become null and void on.	minate and become?
or upon my disability or in	capacity, whichever shall first occur.	The state of the s
igned this day of hich shall be considered an original.	, 19 , in co	unterparts, each of
Counterpart No.		L. L. Marine
	GRANTOR Jack Kwitek	
	305-62-4913	0.2
	GRANTOR'S SOCIAL SECURITY NUMBER	ndiana 46320
	2238 167th Street, Hammond, I	
TATE OF INDIANA:	2238 167th Street, Hammond, I	5747 Emily
ATE OF INDIANA: ) ) SS:	2238 167th Street, Hammond, I	5737 Emily
) SS:	2238 167th Street, Hammond, I	5777
Before me, the undersigned, a Notary Public i	in and for said County and State, this	the execution of this
Before me, the undersigned, a Notary Public in April 19 92, personally approver of Attorney to be the voluntary act and deep	in and for said County and State, this	the execution of this ated.
Before me, the undersigned, a Notary Public in April 19 92, personally approver of Attorney to be the voluntary act and deep	in and for said County and State, this	the execution of this ated.

1579 Huntington Drive, Calumet City, Illinois 60409

(7) Other powers specifically designated: Those powers listed in I.C. 30-5-5-2 thru

30-5-5-19. Also see attached.

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I ameunable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

## NOT OFFICIAL! This Document is the property of

This Document is the property of the Lake County Recorder!

