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POWER OF ATTORNEY

Prepared by: (Print signer's name below signature)
Arnold B. Goldman
ARNOLD B. GOLDMAN, ESQ.

This Power of Attorney is made on June 22, 1993

Between: the Principal(s) DOREEN WASKO

whose address is 105 Williamsburg Lane, Lakewood, NJ 08701

And: the Agent(s) JOSEPH T. WASKO

individually referred to as "I" or "my"

whose address is 105 Williamsburg Lane, Lakewood, NJ 08701

STATE OF NEW JERSEY
JUL 15 11 50 AM '93
RECORDED
referred to as "you"

Grant of Authority. I appoint You to act as my Agent (called an attorney in fact) to do each and every act which I could personally do for the following uses and purposes:

To execute any and all documents or act to effectuate the conveyance of the premises located at 3120 100th Street, Highland, in the Township of North, County of Lake, State of Indiana. 46322

Document is NOT OFFICIAL!

To sign, execute, acknowledge, and deliver such Deed or Deeds, conveyance or conveyances, for the absolute sale and disposal thereof, with such clause or clauses, covenants, and agreement or agreements, to be therein contained, as he shall deem proper and expedient.

The documents which you are appointed to execute on my behalf include, but are not limited to the following:

1. Any documents and/or applications relative to the municipal codes; i.e. application for the Certificate of Occupancy and any necessary inspections or permits;
2. Any documents, which shall include, but are not limited to Deed; Affidavit of Title; Survey Affidavit of No Change; Closing Statments, Certifications of any documents required by the mortgage company or bank, F.B.A. or V.A.
3. Endorse and deposit any cash, checks or like instruments entrusted to him pursuant hereto;
4. To perform all necessary acts for the conservation, maintenance and protection of the premises hereinabove described.

FILED

JUL 13 1993

Anna N. Anton

Powers. I give You all the power and authority which I may legally give to You. I approve and confirm all that You or your substitute may lawfully do on my behalf.

Signatures. By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Witnessed by:

Janet...
JANET...
COUNTY PUBLIC OF NEW JERSEY
My Commission Expires December 6, 1996

Doreen Wasko
DOREEN WASKO (Seal)

H# 16-27-356-36
Hakeside 7th Add. Rt. 211

Important: The back of this form (part A) may be used to provide that the Power of Attorney is effective now and remains in effect even if I become disabled. It can also be provided (part B) that the Power of Attorney is effective ONLY if I become disabled.

7-6-93

DISABILITY.

Definition of Disability. (N.J.S.46:2b-8b)-A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

Clauses [A] and [B] below shall not be a part of this Power of Attorney unless they are signed by the Principal(s).

A. Takes Effect Regardless of Disability. This Power of Attorney is effective now and remains in effect even if I become disabled (as defined above).

Dated: JUNE 22, 1993

Doreen Wasko (Seal)
DOREEN WASKO

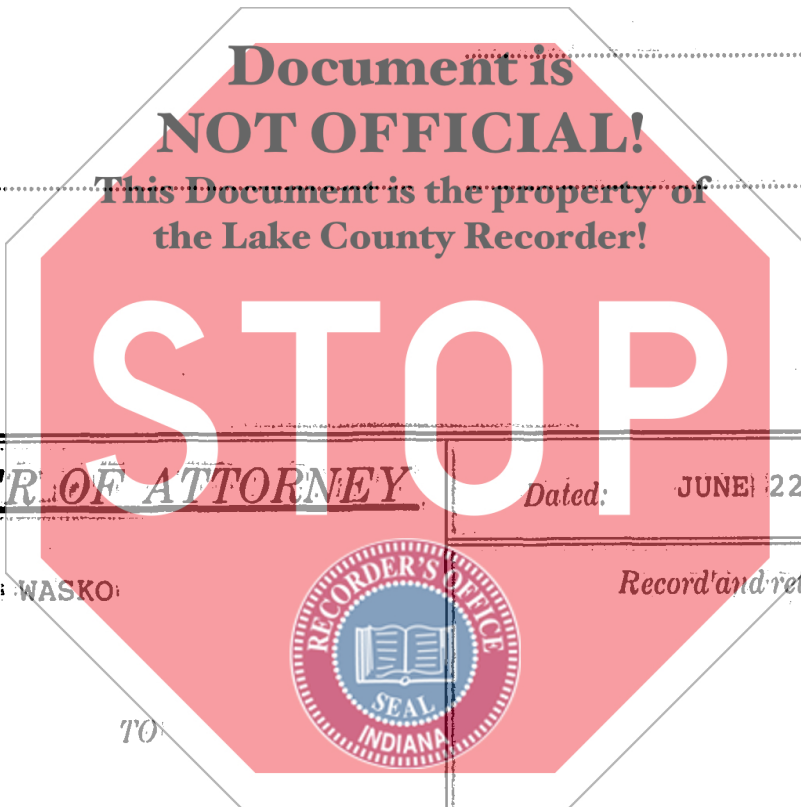
Witness:

Jane Gay (Seal)
JANE GAY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires November 4, 1994

B. Takes Effect Only Upon Disability. This Power of Attorney will only become effective when (and if) I become disabled (as defined above):

Dated:

Witness:



POWER OF ATTORNEY

Dated: JUNE 22, 1993

DOREEN WASKO

Record and return to:

TO

JOSEPH T. WASKO

STATE OF NEW JERSEY, COUNTY OF
I CERTIFY that on JUNE 22,

OCEAN, 19 93

SS.:

DOREEN WASKO personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

Jane Gay
(Print name and title below signature)
JANE GAY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires November 4, 1994