

#6000 472116 Pds Mary Pardiuck  
4967 W. 85th Ave, CRT, IN

**DURABLE POWER OF ATTORNEY**

**93086857**

KNOW ALL MEN BY THESE PRESENTS: That I, MARY ZEMBRUSKI, social security number 306-10-0160, of Lake County, Indiana, DO HEREBY MAKE, CONSTITUTE and APPOINT JOSEPHINE DALFONSO, social security number 305-12-9865, of Lake County, Indiana, and ELEANOR WUSIK, social security number 310-14-9966, of Lake County, Indiana, my true and lawful co-attorneys, for me and in my place and stead, with full power of substitution,

1. to make, indorse, draw and accept promissory notes, checks, bills of exchange, drafts, or other negotiable instruments;
2. to exercise such rights, voting or otherwise, as I may have in any corporation, by virtue of my ownership of any stock, bonds or securities therein, either absolutely or collateral;
3. to receive, demand, sue for and recover all property, real or personal, claims, debts, monies, accounts, legacies, demands, dividends, and proceeds of insurance recoveries, that are now due, or may hereafter become due, adjust, compromise and execute releases thereon as my attorney shall deem fit;
4. to make, execute and deliver any deed, mortgage or lease in respect of any of my lands and buildings, or any part thereof;
5. to buy, sell, trade, mortgage, hypothecate and deal in personal property of any kind or nature;
6. to execute, file, examine and request copies of any and all returns required by the United States or any political subdivision thereof, whether filed by me, or jointly with others;
7. to sell mortgage or pledge any and all shares of stocks, bonds, or other securities now or hereafter belonging to me, and to execute and deliver an assignment thereof;
8. to transact any and all business for me and to do such other acts as may be necessary or desirable to be done to save, protect and promote my business or property, and with the same force and effect as if I were personally present.

And I do hereby ratify and confirm all that my said co-attorneys, or their substitute shall do or cause to be done, by virtue of this power of attorney.

Further, this power of attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time.

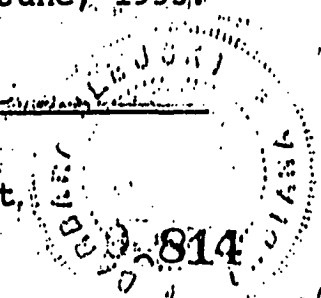
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of June, 1993.

Mary Zembruski  
MARY ZEMBRUSKI

SUBSCRIBED AND SWORN to before me this 1st day of June, 1993.

Bartina Stephens  
Notary Public  
Lake County Resident,

My commission expires 6/3/94



PREPARED BY: Joseph M. SKOZEN

LTS, MAYWOOD GARDENS, City of Hammond  
PB 16/27 in LC, I

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Chicago Title Insurance Company  
STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD

RECORDED  
JUN 11 11 01 AM '93  
LAKE COUNTY RECORDER



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PLAINLY WITH  
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THIS IS A  
PERMANENT  
RECORD

Chicago Title Insurance Company

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

472116 Pds #6000  
MORY Purclinet  
State No. ....

Local No. 386

FEDERAL BUREAU OF INVESTIGATION  
No. 289

DECEASED

DECEASED

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FEDERAL BUREAU OF INVESTIGATION  
No. 289

PARENTS

DISPOSITION

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CAUSE

NAME <b>Walter</b>		SURNAME <b>Zembruksi</b>		SEX <b>Male</b>		DATE OF DEATH <b>5-15-85</b>	
RACE <b>White</b>		AGE <b>72</b>		DATE OF BIRTH <b>Jul. 17, 1912</b>		COUNTY OF DEATH <b>Lake</b>	
PLACE OF DEATH <b>Hammond</b>				HOSPITAL OR OTHER INSTITUTION <b>St. Margaret Hospital</b>			
CITY OF BIRTH <b>Indiana</b>		CITY OF DEATH <b>Lake</b>		EDUCATION <b>High School</b>		MILITARY SERVICE <b>WW II</b>	
SOCIAL SECURITY NUMBER <b>305-12-4235</b>		OCCUPATION <b>Electrician</b>		EMPLOYER <b>Steel Co.</b>		MILITARY SERVICE <b>WW II</b>	
CITY OF BIRTH <b>Indiana</b>		CITY OF DEATH <b>Hammond</b>		MILITARY SERVICE <b>WW II</b>		MILITARY SERVICE <b>WW II</b>	
FATHER <b>Alexander Zembruksi</b>		MOTHER <b>Helena Kolakowska</b>		RELATIONSHIP <b>Wife</b>		MARRIAGE ADDRESS <b>6829 Columbia Ave., Hammond, Ind. 46324</b>	
DISPOSITION <b>Burial</b>		CEMETERY <b>Elmwood Cemetery</b>		CITY OF DEATH <b>Hammond, Ind.</b>		DATE OF DEATH <b>May 18, 1985</b>	
FUNERAL HOME <b>Solan Funeral Home</b>		ADDRESS <b>7109 Calumet Ave., Hammond, Ind.</b>		DATE OF DEATH <b>4-16-85</b>		TIME OF DEATH <b>12:07 p.m.</b>	
SIGNATURE <b>C. Gomez, M.D.</b>		ADDRESS <b>Box 603, Hammond, Indiana 46325</b>		DATE OF DEATH <b>MAY 16 1985</b>		TIME OF DEATH <b>12:07 p.m.</b>	
CAUSE <b>CARDIAC</b>		CAUSE <b>RESPIRATORY</b>		CAUSE <b>ARREST</b>		CAUSE <b>TERMINAL</b>	
CAUSE <b>CORONARY</b>		CAUSE <b>EMPHASEMIA</b>		CAUSE <b>-INSUFFICIENCY</b>		CAUSE <b>815</b>	

NOT OFFICIAL  
This Document is the property of  
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*Handwritten signature*

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FEDERAL BUREAU OF INVESTIGATION  
No. 289  
FEDERAL DIRECTOR'S LICENSE No. 2141  
ANTHONY SOLAN  
FEDERAL DIRECTOR'S SIGNATURE