

ZELENSKY TIGOR TITLE INS. HIGHLAND, INDIANA

FILED

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

JAN 23 1995

POWER OF ATTORNEY SAM ORLICH  
AUDITOR LAKE COUNTY

KNOW ALL MEN BY THESE PRESENTS, that I, LUCILLE GRENZER, of Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint WARREN GRENZER as my true and lawful Attorney-in-Fact, for me and in my name, place and stead to do all or any of the following acts:

To place documents of property or remove same from any deposit box I may have;

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name; including, but not limited to the following accounts:

Calumet National Bank  
Money Market Account No. 0008072438  
Certificate of Deposit No. 255984

Mercantile National Bank of Indiana  
Certificate of Deposit No. 61688  
Certificate of Deposit No. 55545  
Certificate of Deposit No. 60561  
Savings Account No. 7-01-1-512-892-1 - C.F.S.

Citizens Federal Savings  
Money Market Account No. 9-01-8-001964-9  
Certificate of Deposit No. 7-01-1-512-892-1 - CLOSED  
Savings Account No. 208-714-4

To sign checks drawn upon my checking account with my name in order to pay bills or make purchases on my behalf;

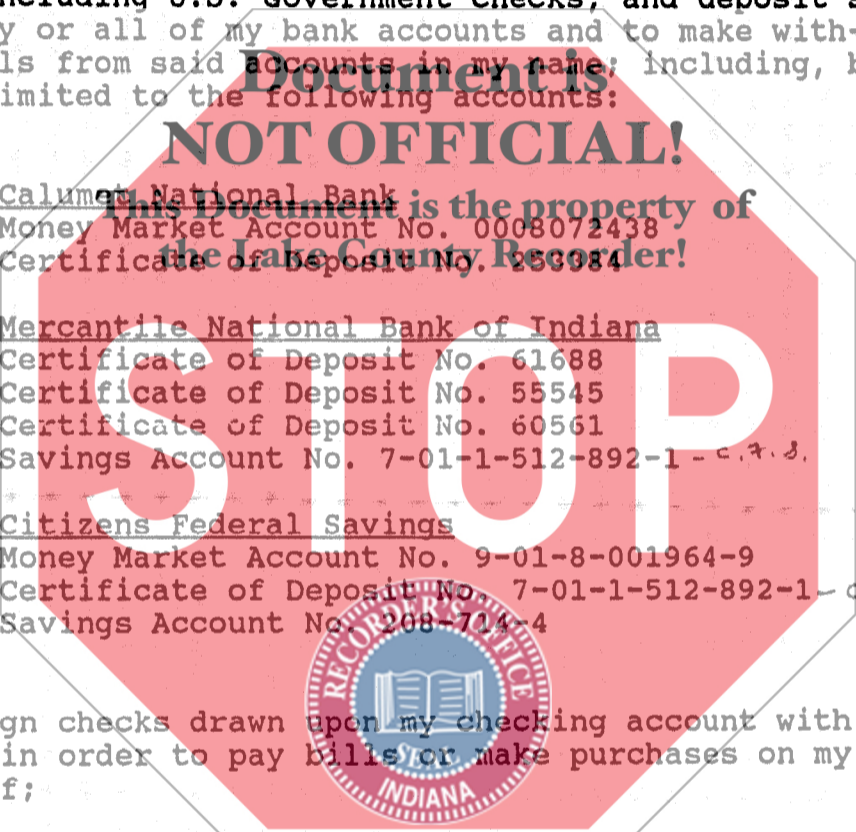
To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To make and enter into contracts to sell any real estate I may own, including the following described realty which is owned by me in Lake County, Indiana; and to receive and collect the consideration therefor; to grant, bargain, sell and convey said real estate, and to execute propositions, contracts with attorneys and realtors, all for such price and on such terms as shall seem proper, and for me and in my name to make, execute, acknowledge and deliver good and sufficient deeds, titles and conveyances for the same, to-wit:

The real estate commonly known as:  
235 Wildwood Road, Hammond, Indiana

34-20-17-18



AMASA G. COLBY  
CHIEF DEP. RECORDER  
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STATE OF INDIANA  
LAKE COUNTY  
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To execute and file all tax returns of any kind or nature whatsoever, including fiduciary returns, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to pay such taxes;

To create, revoke or amend trusts in my name, to make any trust irrevocable, and to transfer any of my property to the Trustee for administration and disposition in accordance with the provisions of such a Trust or the provisions of any Trust that I may establish. To designate or elect that the income and/or principal of such a trust, or any Trust that I may establish, may be distributed to any one or more persons other than myself. To create, revoke or amend any estate plan in my name and to transfer any of my property in order to carry out such estate plan, whether created by me or by my Attorney-in-Fact, whether such transfer is made to full value, or for less than full value. To renounce and disclaim any property or interest in property or powers to which for any reason and by means I may become entitled, whether by gift, testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interests in or rights over trusts (including the right to alter, amend, revoke or terminate) and to exercise any right to claim an elective share in any Estate or under any Will. In exercising such discretion, my Attorney-in-Fact may take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes on my Estate, and the effect of such renunciation or disclaimer upon persons interested in my Estate and persons who would receive the renounced or disclaimed property; provided, however, that any Attorney-in-Fact shall make no disclaimer that is expressly prohibited to other provisions of this instrument;

To the extent that I am permitted by law to do so, I herewith nominate, constitute and appoint my Attorney-in-Fact to serve as my guardian, conservator and/or in any similar representative capacity, and if I am not permitted by law to so nominate, constitute and appoint, then I request in the strongest possible terms that any Court of competent jurisdiction, which may receive and be asked to act upon a Petition by any person to appoint a guardian, conservator or similar representative for me, give the greatest possible weight to this request.

To do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my health and general welfare, as well as to make any and all decisions necessary to provide for any form of medical treatment for my health and general welfare, including herewith all the power to act for me, as my health care representative, as is granted in I.C. 16-8-12, with the same force and effect as though I were personally present and acting for myself; and I hereby ratify and confirm all that my said Attorney-in-Fact shall do by virtue hereof;

To consent to such medical examination, medical procedure and medical treatment as, in the sole judgment of my Attorney-in-Fact, appears beneficial to me and to withhold consent to any medical examination, medical procedures or medical treatment which, in the sole judgment of my Attorney-in-Fact, is not beneficial to me;

To consent to my admission to any hospital, infirmary, convalescent facility, nursing facility or other type care facility as, in the sole judgment of my Attorney-in-Fact seems proper for my care, treatment or maintenance, and to sign any contracts, agreements, or otherwise, necessary to effect my admission to any such of the foregoing facilities.

To perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, among other things, selection of my abode, employment of companions as practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents.

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt him from any personal liability so long as he shall use that degree of care which reasonable people would use with their own property;

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than its ordinary legal liability when dealing directly with me; and

I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted.

Giving and granting unto my said Attorney full power to do every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

Where appropriate in this instrument, words of the masculine gender include the feminine, and words used in a plural or collective sense include the singular and vice versa.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on  
this the 26<sup>th</sup> day of August, 1991.

Lucille Grenzer  
Lucille Grenzer

STATE OF INDIANA     )  
                                  )SS:  
COUNTY OF LAKE     )

BEFORE ME, a Notary Public, personally appeared, LUCILLE GRENZER, and acknowledged the execution of the foregoing Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the Attorney-in-Fact as the Grantor's health care representative as authorized by I.C. 16-8-12.

WITNESS my hand and Notarial Seal this 26th day of August, 1991.

Kimberly K. Switzer  
Kimberly K. Switzer     Notary Public

**Document is NOT OFFICIAL!**

My Commission Expires 8/29/91  
**This Document is the property of the Lake County Recorder!**

My County of Residence: Lake

**STOP**



THIS INSTRUMENT PREPARED BY:

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