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HIGHLAND, INDIANA
ZELENSKY

AMASA G. COLBY
CHIEF DEP. RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

95004086

POWER OF ATTORNEY

95 JAN 24 AM 10:16

KNOW ALL MEN BY THESE PRESENTS, that I MARY LUCILLE GRENZER,
a/k/a Mary Lou Grenzer
a/k/a MARY LU GRENZER, 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;

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

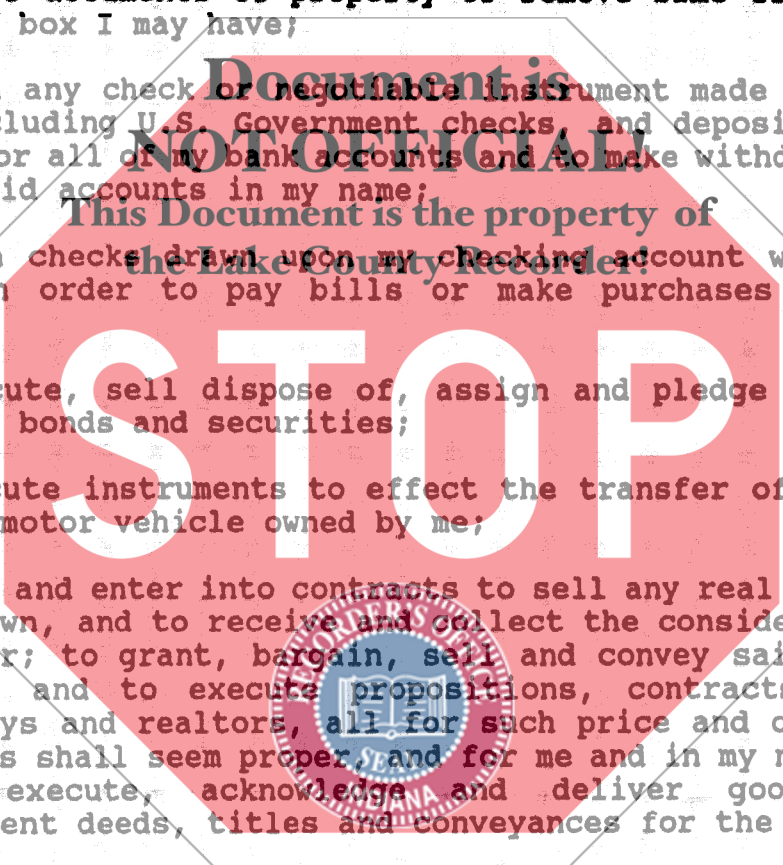
To execute, sell dispose of, assign and pledge notes
stocks, bonds and securities;

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, 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 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 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 person other than myself.



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SAM ORL...
AUDITOR LAKE COUNTY

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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 successions; 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 and 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 person 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 similarly 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, 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, purchases 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 is reasonable in the purpose with their own property;

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the Lake County Recorder!

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 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 ratify 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.

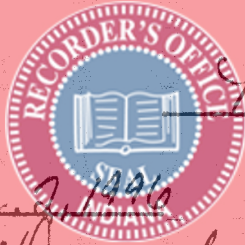
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 17th day of January, 1995.

Mary Lu Grenzer
MARY LUCILLE GRENZER
a/k/a MARY LU GRENZER
a/k/a Mary Lou Grenzer

STATE OF ILLINOIS This Document is the property of
COUNTY OF McDonough the Lake County Recorder!

BEFORE ME, a Notary Public, personally appeared MARY LUCILLE GRENZER, a/k/a MARY LU 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.

WITNESS my hand and Notarial Seal this 17 day of January, 1995.



Becky Fitzgerald
Notary Public

My Commission Expires: Jan. 2, 1996

My County of Residence: McDonough



THIS INSTRUMENT PREPARED BY:
JOHN H. LLOYD, IV
GALVIN, GALVIN & LEENEY
5231 HOHMAN AVE.
HAMMOND, IN 46320