



Durable Power of Attorney

SERVICES, 102
Street
Washington
Indiana 46356
781-773-6801

I (We) CATHERINE DUDAK of 4826 MASSACHUSETTS STREET, GARY,

do make, constitute and appoint ROBERT B. DUDAK of 4826 MASSACHUSETTS ST, GARY,
my (our) true and lawful attorney, to act in, manage, and conduct all my (our) estate and all my (our) affairs, in
name, place and stead as my (our) act and deed, either to do and execute, or to concur with persons jointly
with me (us) in the doing or executing of all or any of the following acts, deeds, and things:

To borrow money on such terms as my (our) attorney may choose.

To purchase, sell, lease, convey, assign, pledge, hypothecate, mortgage and warrant, or otherwise deal with any all real
or personal property in which I (we) may have an interest, for such purposes and upon such terms and in such form as my
(our) attorney may choose, including, but not limited to, property located in the TOWN OF LOWELL

LAKE County, State of INDIANA, described as:

THE NORTH 20 ACRES OF THE SOUTH 33 ACRES OF THE EAST HALF OF THE SOUTHWEST QUARTER OF
SECTION 18, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE
COUNTY, INDIANA.



95055943

Commonly known as: 17210 HOLTZ ROAD, LOWELL, INDIANA 46356

Tax Identification Number: 2 3-53-8 including all lands and interests
therein contiguous or appurtenant to land owned or claimed by me (us), whether or not specifically described above.

To make, execute, acknowledge and deliver under seal or otherwise any contract, agreement, bond, note, mortgage, deed
of trust, deed, assignment, pledge, security agreement, power, guaranty, application for credit, application for insurance,
statement, tax form, affidavit, disclosure, consent, amendment, election, vote, waiver, escrow agreement, endorsement,
certification, promise, receipt, acknowledgment, instruction, order form, commitment, accounting, notification, letter, rider,
addendum, authorization, appointment, power of attorney, stipulation, disclaimer, accord and satisfaction, settlement
statement, settlement agreement, closing statement, closing instruction, disbursement authorization, listing agreement,
subordination agreement, release discharge, questionnaire, proprietary certificate, request, document, form required by any
federal, state or local law, regulation or ordinance, or other instruments which said attorney may deem necessary;

To make, draw, sign, endorse, accept or otherwise place my (our) name or signature upon any checks, notes, drafts or
other instruments;

And to receive and collect and to give acquittances for all sums of money at any time due me (us).

Giving and Granting unto my (our) named attorney full power and authority to do and perform all and every act, deed,
matter and thing whatsoever, in and about my (our) estate, property, and affairs as fully and effectually to all intents and
purposes as I (we) might or could do in my (our) own proper person if personally present, the above specifically enumerated
powers being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or
definition thereof; and hereby ratifying all that my (our) said attorney shall lawfully do or cause to be done by virtue of this
document.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 SEP 19 AM 11:23
MARGARET C. EMMETT
RECORDER



1821281

11/09

And I (we) hereby declare that any act or thing lawfully done hereunder by my (our) said attorney shall be binding on me (us) and my (our) heirs, conservators, guardians, trustees, legal and personal representative, and assigns, whether the same shall have been done before or after my (our) death, or other revocations of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my (our) said attorney.

This appointment being executed by me (us) shall cover my (our) jointly and severally owned property, property owned by me (us) in the entireties or as community property, and property owned by a trustee for my (our) benefit.

This power of attorney shall expire and terminate on OCTOBER 12, 19 95.

This power of attorney shall not be affected by my disability (or the disability of either or both of us).

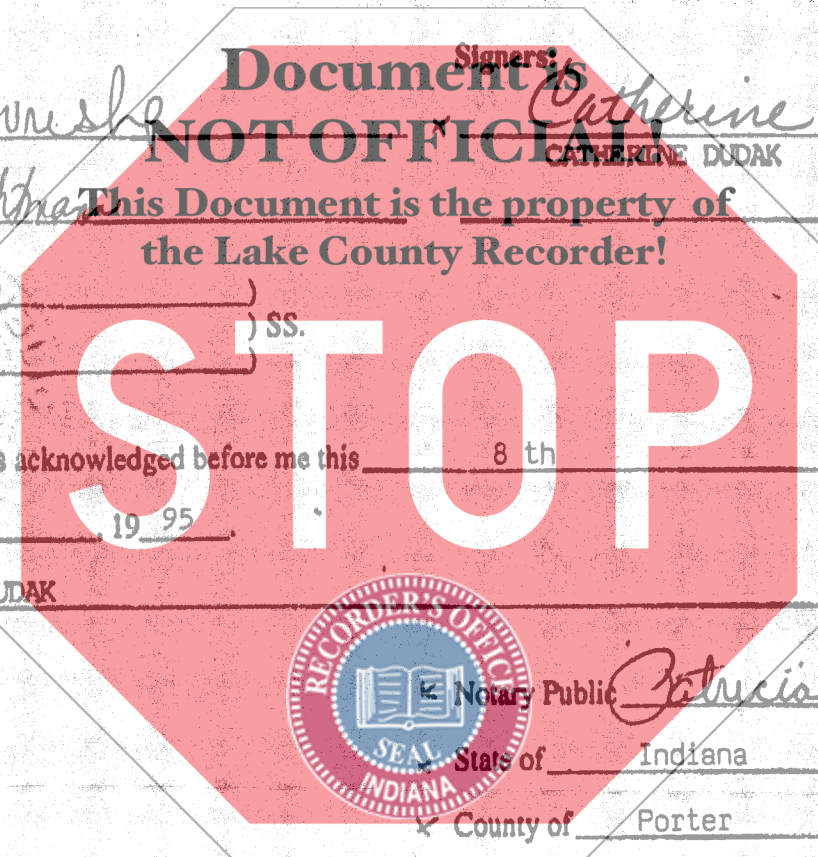
In Witness Whereof, I (we) have set my (our) hand and seal this Eighth (8) day of September, 19 95.

Witnesses:

Carla J. Nourse
Jan Burdick

Signers:

Catherine Dudak
CATHERINE DUDAK

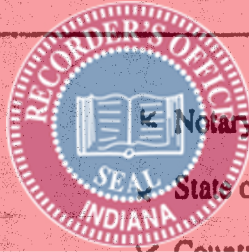


STATE OF Indiana

County of Porter

The foregoing instrument was acknowledged before me this 8 th day of September, 19 95

by CATHERINE DUDAK



Notary Public Patricia A. Jones
State of Indiana
County of Porter

My Commission Expires: 12-01-95

This instrument drafted by:
Thomas J. Tate (P21275)
P.O. Box 331789
Detroit, Michigan 48232-7789

When recorded return to:
NBD MORTGAGE COMPANY
115 SOUTH COURT STREET
CROWN POINT, INDIANA 46307

(Blank lines completed by:
NANCY STEININGER)
Please Type