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**DURABLE POWER OF ATTORNEY WITH
HEALTH CARE REPRESENTATIVE APPOINTMENT
AND DECLARATION**

GRANTOR/
PRINCIPAL: JOSEPHINE P. WALCZAK
7848 RIDGE ROAD
MUNSTER, INDIANA 46321

FILED

AUTHORIZED AGENT/
ATTORNEY IN FACT: JOSEPH P. SUS
1637 BLUEBIRD
MUNSTER, INDIANA 46321

SEP 28 1995

**SAM ORLICH
AUDITOR LAKE COUNTY**

SUCCESSOR AUTHORIZED AGENT/
SUCCESSOR ATTORNEY IN FACT: MELANIE C. SUS
843 - 114TH
WHITING, INDIANA 46394

KNOW ALL MEN BY THESE PRESENTS, That I, Josephine P. Walczak of Munster, Indiana, have made, constituted and appointed and by these presents do make, constitute and appoint, with full power of substitution, Joseph P. Sus, my son, of Munster, Indiana my true and lawful attorney-in-fact, for me and in my name, place and stead, to do the following acts and to exercise the following, and only the following, powers:



1. To continue, modify or terminate any account or certificate standing in my name at any financial institution or brokerage firm, whether opened by me prior to the execution of this Power of Attorney or by my attorney-in-fact thereafter, and to open new accounts and certificates with any financial institution or brokerage firm that serves as a depository for funds in my name in a way which clearly evidences the principal/attorney-in-fact relationship hereby established.
2. To make withdrawals (by check, draft, order or other means) and deposits to, any accounts which may be standing in my name in any bank, credit union, savings and loan, brokerage firm or other like financial institutions, and to endorse for deposit to any such accounts any checks or drafts payable to me.
3. To enter at anytime to remove the contents of or to add to the contents of any safe deposit box in my name or which I could enter if personally present.
4. To pay my expenses, including all expenses of medical care, and any amounts that may be owing at anytime by me upon any contract, instrument or claim, and to generally deal with my health insurance coverage and policies.
5. To deal with the Social Security Administration to arrange for the direct deposit of my social security benefits into a bank account standing in my name and to sign any and all documents required to accomplish such direct deposit; to apply for, and otherwise deal with, Medicare, Medicaid and any similar benefits; and to prepare, sign on my behalf, and file appropriate claims for reimbursement for medical expenses.
6. To receive payment of any dividends, interest, debt, instrument or sum of money and to give receipt, release and acquittance therefor.
7. To receive payment of funds from any trust and to give a receipt, release and acquittance therefor.

Chicago Title Insurance Company

95058875

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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J.P.W.

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8. To prepare, execute, verify and file in my name and on my behalf any state or federal income or gift tax return or other return, power of attorney, report, protest or instrument in connection with any tax imposed or purported to be imposed by any government, or claimed or assessed by any government authority; to receive confidential information and to perform any and all acts which I could perform with respect to tax matters, including power to receive refunds.
9. To buy, sell and otherwise deal with any and all intangible personal property owned by me or registered in my name, including, but not limited to U.S. Treasury and federal or state agency debt obligations, and stock or debt obligations in any corporation, whether in my name alone or in my name jointly with another or others; to exercise all conversions, subscriptions or other rights of any nature pertaining to any personal property owned by me; to vote in person or by proxy in any corporate or other meeting; and to participate in any voting trust, reorganization, dissolution, merger or other action affecting any securities registered in my name, and to make payments in connection therewith.
10. To exercise, from time to time within the time specified therein, any stock options granted to me prior to or after the execution of this Power of Attorney which I have the right to exercise and to make any and all payments required to effectuate the exercise of such options, specifically including the power to borrow any funds necessary in order to make such payments and to pledge such shares or other assets as collateral for any such borrowing.
11. To renew and keep in force and affect any insurance policies, whether life, accident, health care, liability, fire, theft or otherwise. This power shall include the authority to arrange for, or direct the payment of, any insurance premiums by automatic bank check deduction from any bank account standing in my name.
12. To act as my health care representative under the provisions of any applicable state law or statute, where I reside and/or am temporarily present.
13. To acquire by purchase, lease or exchange any interest in real estate; and to hold, sell, lease, make a gift of, convey, exchange, mortgage or otherwise dispose of any interest in real estate which I now or hereafter possess.
14. To generally do and deal with all things, people and entities in conducting and transacting my business and personal financial affairs.
15. My attorney-in-fact shall only be liable for actions hereunder taken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of any nonhealth-care-related power in the exercise of such power which involves self-dealing.

Notwithstanding any provision above which might be interpreted to the contrary, and notwithstanding the fact some, or any, of my assets and property are or may be held in the names of, or titled in the names of my son and/or daughter, who are my attorney-in-fact and substitute/successor attorney in fact; my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property and which would cause that property to be taxed as owned by my attorney-in-fact.

If protective proceedings for my person or estate are commenced, I

J. R. W.



hereby nominate my attorney-in-fact hereunder for consideration and appointment by the appropriate court as my guardian.

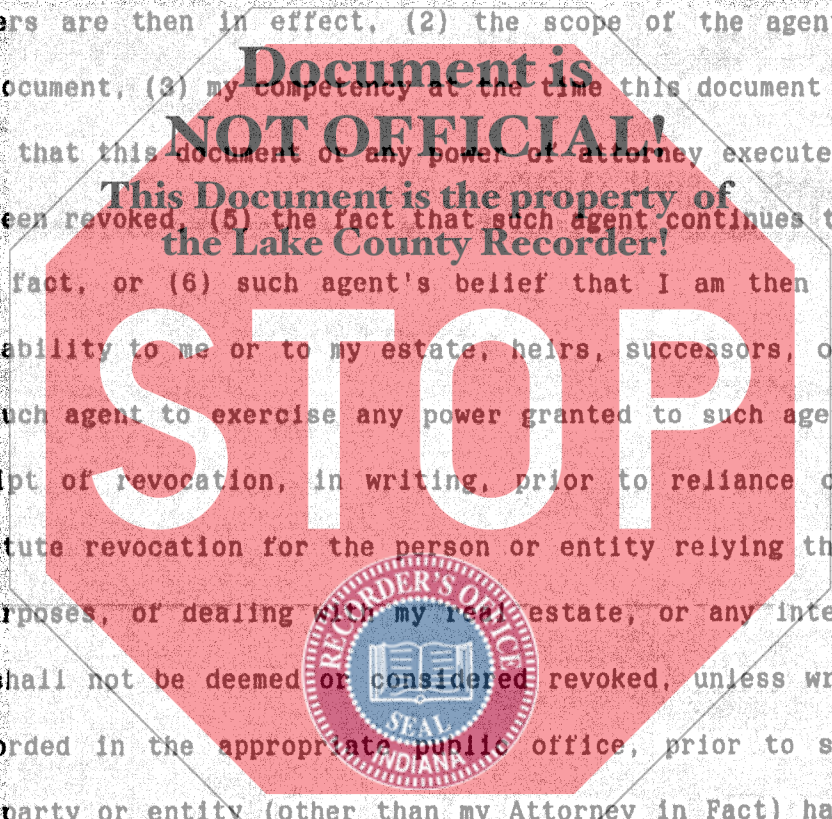
This power of attorney shall be effective as of the date it is signed and shall continue in full force and effect until revoked and shall not be affected by my subsequent disability or incapacity nor by lapse of time. The lapse of time in using, or recording this power shall not affect or limit, its applicability. I HEREBY RESERVE THE RIGHT TO REVOKE THIS POWER OF ATTORNEY AT ANYTIME.

No person relying on this power of attorney who relies upon any representations any agent acting hereunder may make regarding (1) the fact that the agent's powers are then in effect, (2) the scope of the agent's authority under this document, (3) my competency at the time this document was executed, (4) the fact that this document or any power of attorney executed pursuant to it has not been revoked, (5) the fact that such agent continues to serve as my attorney in fact, or (6) such agent's belief that I am then living, shall incur any liability to me or to my estate, heirs, successors, or assigns for permitting such agent to exercise any power granted to such agent. Only the actual receipt of revocation, in writing, prior to reliance on this power shall constitute revocation for the person or entity relying thereupon. For uses, and purposes, of dealing with my real estate, or any interest therein, this Power shall not be deemed or considered revoked, unless written revocation is recorded in the appropriate public office, prior to such date/time wherein any party or entity (other than my Attorney in Fact) had relied upon this power. Such reliance must be evidenced by written document legally binding myself or Attorney in Fact. No person who deals with any agent acting hereunder shall be responsible to determine or insure the proper application of any funds or property. In behalf of myself and my estate, heirs, successors, and assigns, I agree to and do hereby indemnify and hold harmless each person who relies upon the foregoing representations from any loss suffered or liability incurred by such party in acting in accordance with this power of attorney prior to such party's receipt of written notice of its termination.

I hereby ratify and confirm all that my attorney-in-fact shall lawfully do or cause to be done by virtue hereof.

The laws of the State of Indiana shall apply to this Power.

This Power has been executed in THREE (3) counterpart, of



J.P.W.

which this is counterpart One (1).

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of MARCH, 1994.

Witness: Corrie Bunte
Angela Kline

Not limited to, but including the following legal description:
Part of the SW 1/4 of Section 20, Township 36 N., Range 9 W. of the 2nd P.M., commencing at a point in the center of the Ridge Road, which is N 79° 12' W 571.13 feet from the E line of said 160 acre tract, & running thence S parallel with said E line 664.02 ft, thence W 80.89 ft; thence N 0° 7' W 679.73 feet to the center line of said road, thence S 79° 12" E on said line, 83.85 ft to the place of beginning, containing 1.259 acres, more or less, in the Town of Munster, Lake Co., IN.
Key No. 28-9-8

Josephine P. Walczak
Josephine P. Walczak

316-30-1390
Social Security No.

1848 Ridge Road
Address

Munster, Indiana 46321
City, State, Zip

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

STOP

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Josephine P. Walczak who acknowledged the execution of the foregoing Power of Attorney, this 1st day of MARCH, 1994.



[Signature]
(Written Signature)

Kenneth A. Manning
(Printed Signature)

Notary Public

My Commission Expires:
12-12-94

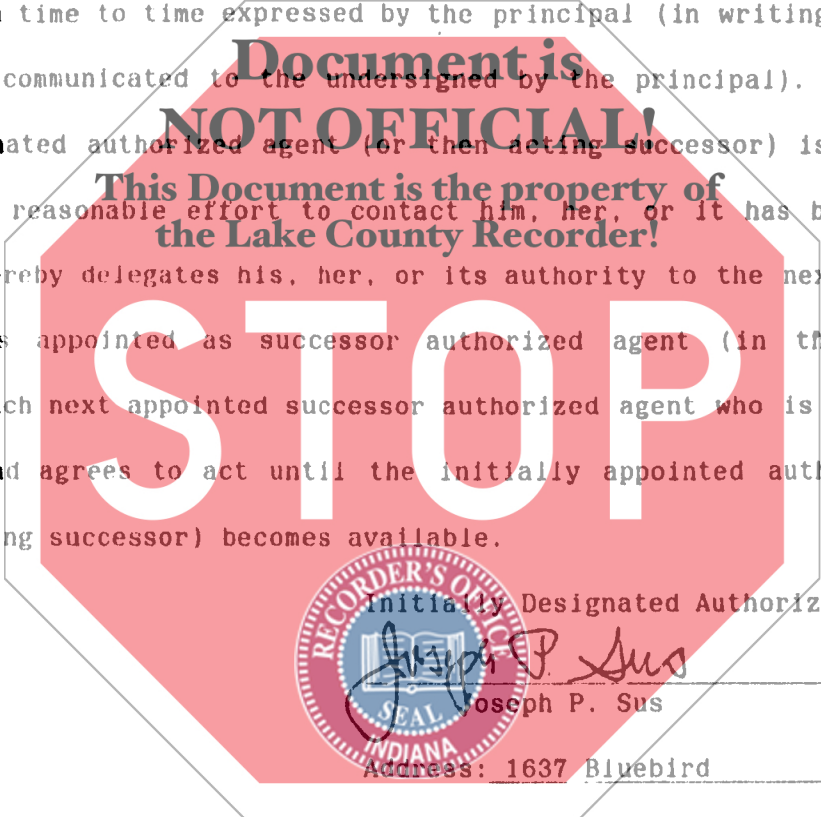
My County of Residence:
Lake

Instrument (including attached Authorized Agent Acceptance)

Prepared by: Kenneth A. Manning
Attorney at Law
Attorney No: 9015-45
200 Monticello Drive
Dyer, Indiana 46311
(219) 865-8376

AUTHORIZED AGENT ACCEPTANCE

Each of the undersigned hereby acknowledges the above appointment of himself, herself, or itself as authorized agent for Josephine P. Walczak (hereafter "the principal"), accepts the same, acknowledges that he or she is at least 18 years of age or that it is a bank or trust company having trust powers, acknowledges receipt of a photocopy of this power of attorney and appointment of authorized agent, and agrees (i) to be bound by the same, (ii) to act in good faith in the best interest of the principal and his estate and those interested in his estate (without discriminating among them), and (iii) to follow the desires, instructions, guidelines, and preferences of the principal as from time to time expressed by the principal (in writing, orally, or as otherwise communicated to the undersigned by the principal). If the initially designated authorized agent (or then acting successor) is unavailable to act after reasonable effort to contact him, her, or it has been made, he she, or it hereby delegates his, her, or its authority to the next person the principal has appointed as successor authorized agent (in the order appointed). Such next appointed successor authorized agent who is available is authorized and agrees to act until the initially appointed authorized agent (or then acting successor) becomes available.



J.P.W.

Initially Designated Authorized Agent:



Joseph P. Sus
Joseph P. Sus

Address: 1637 Bluebird

Munster, Indiana 46321

Phone (H) 923-6225

Successor Designated Authorized Agent

Melanie C. Sus
Melanie C. Sus

Address: 843 - 114th

Whiting, Indiana 46394

Phone (H) 659-0121

When recorded, return to:

Name of each county in which recorded (if recorded):