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DURABLE POWER OF ATTORNEY  
OF PETER CHALKUS

Know All Men by These Presents, That PETER CHALKUS have made, constituted and appointed, and by these presents do make, constitute and appoint MARGARET CHALKUS AND/OR SUSAN PUCALIK true and lawful Attorney for me and in my name, place and stead to:

1. Make, sign and deliver checks or drafts for any purpose and withdraw by check, order or other means, funds or property deposited by the principal or left in the custody of a banking institution either before or after the power was executed.

2. Receive, demand, sue for and recover all property, real or personal, debts, monies, or accounts that are now due or may hereafter become due; adjust, compromise and execute releases therefor as my attorney shall deem fit.

3. Continue, modify or terminate a deposit account or other banking arrangement made by or on behalf of the principal before execution of the power of attorney.

4. Attorney in fact shall also do the following:

(a) Employ or contract with servants, companions, or health care providers to care for me;

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(b) Attorney in fact shall consent to or refuse health care for me in accordance with my health care representative appointment;

(c) Admit or release me from any hospital or health care facility;

(d) Have access to records, including medical records concerning my condition;

(e) Make anatomical gifts on my behalf;

(f) Request an autopsy, if desired, and

(g) Make plans for the disposition of my body.

5. With regards to my estate, my attorney in fact shall:

(a) Accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim, and recover a legacy, bequest, devise, give, or other property interest or payment due or payable to me;

TICOR TITLE INSURANCE  
H/O - Crown Point, Indiana

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AUDITOR LAKE COUNTY

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STATE OF INDIANA  
LAKE COUNTY  
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- (b) Assert an interest in and exercise power over a trust, an estate, or property subject to fiduciary control;
- (c) Establish a revocable trust solely for my benefit that terminates at my death;
- (d) Exercise all powers with respect to estates and trusts I could exercise. However, the attorney in fact may not make or change my will; and
- (e) Administer my estate, and probate the will if necessary.

6. To transact any and all business for me and to do such other acts as may be necessary to protect my assets or property and with the same force and effect as if I were personally present.

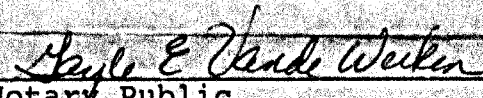
Giving and granting unto **MARGARET CHALKUS AND/OR SUSAN PUCALIK** said attorney full power to do every act necessary to be done about the premises as fully as he might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **MARGARET CHALKUS AND/OR SUSAN PUCALIK** said attorney, or her substitute shall lawfully do or cause to be done by virtue thereof.

In Witness Whereof, the said **PETER CHALKUS** has hereunto set his hand and seal this 10th day of FEBRUARY, 1994.

  
 \_\_\_\_\_  
 PETER CHALKUS

STATE OF INDIANA )  
 ) SS:  
 COUNTY OF LAKE )

Subscribed and sworn to before me, a notary public, this 10TH day of FEBRUARY, 1994.

  
 \_\_\_\_\_  
 Notary Public  
 Gayle E. Vande Werken  
 County of Residence - Lake

My Commission Expires:  
 3-15-97

This Instrument Prepared By:  
 P. JEFFREY SCHLESINGER #73-45  
 Attorney at Law  
 3100 - 45th Avenue  
 Highland, Indiana 46322  
 (219) 924-3030

HEALTH CARE REPRESENTATIVE APPOINTMENT

I authorize my health care representative to make decisions in my best interests concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences in the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if that may result.

My health care representative must try to discuss this decision with me. However if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available.

Date: Feb 4-1994

Peter Chalrus  
PETER CHALKUS

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me, a notary public, this 4TH day of FEBRUARY, 1994.

Gayle E. Vande Werken  
Notary Public  
Gayle E. Vande Werken  
County of Residence - Lake

My Commission Expires:  
3-15-97

**FILED**

This Instrument Prepared By:  
P. JEFFREY SCHLESINGER #73-45  
Attorney at Law  
3100 - 45th Avenue  
Highland, Indiana 46322  
(219) 924-3030

FEB 28 1994  
SAM ORLICH  
AUDITOR LAKE COUNTY

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