

THIS FORM HAS BEEN PREPARED FOR USE WITHIN THE STATE OF INDIANA. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW AND SHOULD ONLY BE DONE BY A LAWYER.

## POWER OF ATTORNEY

OF			96	
HELEN MAYERSKY			0	
PRINCIPAL		<u> </u>		
ТО			2	
DOWING WIVEDOW	a/k/a	Edward	Mayersky)	
EDWARD MAYERSKY	4/1/4	DOWALA	wayersy10	

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. Powers. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers whis

Power of Attorney incorporates into it the powers here listed and confers general authority with respect to tim: real property transactions; \*See reverse side [IC 30**-5**-5-2] [IC 30 3 5-3] (a) [IC 30 3 5-4] [IC 30 3 5-5] tangible personal property transactions; bond, share, and commodity transactions; banking transactions: [IC 30-5[5-6] business operating transactions; [IC 30-5:5-7] insurance transactions; beneficiary transactions; [IC 30-5-5-8] gift transactions; [IC 30-5-5-9] ocument is the prop fiduciary transactions; [IC 30-5-5-10] the Lake County Recorder! claims and litigation; [IC 30-5-5-11] family maintenance; IC 30-5-5-121 benefits from military service; [IC 30-5-5-13] records, reports, and statements; IC 30-5-5-14] estate transactions; [IC 30-5-5-15] all other matters. [IC 30-5-5-19]

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation (IC 30-5-5-18), this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

- B. Reservation of Power to Act and to Revoke. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.
- C. Chapters of Statute Also Applicable. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions [IC 30-5-2] General Provisions [IC 30-5-3] Duties [IC 30-5-6]

Holding Institution

recorded, in the Office of the Recorder of \_\_\_

Reliance [IC 30-5-8] Liabilities [IC 30-5-9] Termination [IC 30-5-10]

- D. Liability of Attorney in Fact. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.
- E. Reliance on Power of Attorney. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

NBD Bank, N.A.		180001957290
All other persons to whom this Power of Attor	ney may be delivered may rely	on its being in effect unless I
shall have executed a proper instrument revoking or	r changing it and recorded such	instrument, or caused it to be

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. County, State of Indiana.

e (	and the North 10 feet of Lot 2 in Block 2 in Hilldale Subdivision as p thereof, recorded in Plat book 21 page 11 in the Office of the Recorder County, Indiana
	o. 15-0063-0001  oly known as 113 East 56th Ave., Merrillville, IN 46410  F. Safe Deposit Box. I have a safe deposit box, Number
a	(BANKING INSTITUTION) (BRANCH) (CITY)
e p	give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name ther individually or jointly with any other person. I give the power also to remove property from such box or add roperty to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.
S	G. Duration of Power of Attorney. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY TRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies]:
	a. This Power of Attorney is not terminated by my incapacity.  HXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	H. Revocation of Prior Powers. I do AKKKENNE revoke all powers of attorney I signed before the ate of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of storney. In case of failure to strike, prior powers are revoked.
	I. Guardians. If protective proceedings for my person or for my estate, or for both, are commenced, I ominate Edward Mayersky as guardian of my person, and Edward Mayersky s guardian of my estate, to serve in each case without bond as may be permitted by law.
-	J. Successor Attorney in Fact. As a successor to my attorney in fact I designate and name Donald Mayersky  Such successor shall become my attorney in fact when the person(s)
	rst designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to erve.
8	By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. uring a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is atthorized to act under this Power of Attorney, whether designated and handed in this Power of Attorney as such accessor or selected by a court of competent jurisdiction to be such successor.
n	K. Binding Effect. Any act or thing performed by my attorney in fact under this Power of Attorney binds are and my successors in interest, as the Statute provides.  Signed this
e	Signed this
C	ounterpart No
	PRINCIPAL'S SIGNATURE Helen Mayersky
	Monald Miles 309-22-9494 Witness PRINCIPAL'S SOCIAL SECURITY NUMBER
	113 East 56th Ave.
-	PRINCIPAL'S STREET OR OTHER ADDRESS
	Merrilly11le, IN 46410  PRINCIPAL'S CITY, STATE AND ZIP CODE
S	TATE OF INDIANA ) ) SS.
C	OUNTY OF LAKE )
Α	ay of, 199 4_, personally appeared the principal named above, signed this Power of ttorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and
p	IN WITNESS WHEREOF, I have be reunto set my hand and official seal the day and year last above written.
	Notary Public, State ut Indiana  MOTARY PUBLIC'S SIGNATURE
	Modely 1 lake
-	Commiss Convines Men 17, 1996  NOTARY PUBLIC'S NAME, PRINTED OR TYPED