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**POWER OF ATTORNEY  
OF**

**John Owczarzak**, Principal, to **HELEN JAKUBCZYK**, Attorney in Fact, 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, this Power of Attorney incorporates into the power heretofore stated and confers general authority with respect to it:

1. **Real Property.** Authority with respect to real property transactions pursuant to IC 30-5-5-2; and, specifically, in relation to the following described real estate:

Lot No. Fifteen (15) as marked and laid down on the recorded plat of Highland Acres, Addition to the Town of Highland, Lake County Indiana, as the same appears of record in Plat Book 27, Page 69, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2133 W. Main Street, Highland, Indiana 46322

IN FURTHERANCE OF THIS POWER, 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 do 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]  
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. **Duration of Power of Attorney.** This Power of Attorney terminates on July 1, 1997.

**FILED**

Apr. 22 1997

SAM ORLICH  
AUDITOR LAKE COUNTY

97-10-4-990

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
97 APR 22 AM 10:13  
MORRIS W. CENTER  
RECORDER

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F. **Binding Effect.** Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 4<sup>th</sup> day of April, 1997.



John Owczarzak, Principal  
1432 152nd Street  
Dolton, Illinois 60419

313-40-1142

Social Security Number

State of Illinois

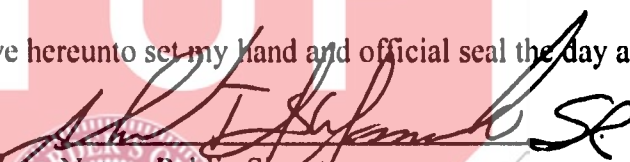
County of Cook

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Before me, the undersigned, a Notary Public in and for said County and State, this 4<sup>th</sup> day of April, 1997, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

**OFFICIAL SEAL**  
THOMAS P STEFANIAK SR  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 07/28/98

  
Notary Public Signature  
Thomas P. Stefaniak Sr.  
Typed/Printed Name

My Commission Expires: \_\_\_\_\_  
County of Residence: Cook