

97 IN 3695

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                          )  
COUNTY OF LAKE   )

SS 97025367

97 APR 23 PM 2:28

MORRIS W. CARTER  
RECORDER

POWER OF ATTORNEY

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KNOW ALL MEN BY THESE PRESENTS, that I, MARIE BANHIDI, of Lake County, Indiana, have made, constituted and appointed, and by these presents does make, constitute and appoint my son, THOMAS J. SERRATORE of Lake County, Indiana, as my true and lawful Attorney--in-Fact for me and in my name, place and stead to do any of the following acts:

**FILED**

APR 23 1997

To place documents of property or remove same from any deposit box I may have.

SAM ORLICH

To sign any check or negotiable instrument including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name.

AUDITOR LAKE COUNTY

**NOT OFFICIAL!**

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf.

Key 32-177-26

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt her from any personal liability so long as she shall use that degree of care which reasonable people would use with their own property.

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than their ordinary legal liability to me, other than dealing directly with me when they deal with my said Attorney.

I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted;

giving and granting unto my said Attorney full power to do every act necessary to be done as fully as I might or could do if personally present, with fully power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be effected by subsequent disability of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment, application, or accumulation made or other action taken in reliance upon the powers herein granted.

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IN WITNESS WHEREOF, I have hereunto set my hand and seal on this,  
the 15 day of April, 1987.

Marie Banhidi  
MARIE BANHIDI

Before me, the undersigned, a Notary Public, in and for said  
County and State, personally appeared the within named: MARIE  
BANHIDI, who acknowledged the execution of the foregoing Power of  
Attorney to be her voluntary act and deed.

WITNESS MY HAND AND SEAL this 15 day of April, 1987.

Joan Runyan  
Notary Public Joan Runyan  
Resident of Lake County

My Commission Expires:

July 23, 1989

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

THIS INSTRUMENT PREPARED BY:

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