

**FILED**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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APR 23 1997

KNOW ALL MEN BY THESE PRESENTS:

MORRIS W. CARTER  
RECORDER

4 SAM ORLICH that I, DOMINGO HERNANDEZ FONSECA, of LAKE STATION, LAKE  
 AUDITOR LAKE COUNTY INDIANA, do hereby make, constitute and appoint  
 first, CHARLES GEORGE FONSECA, of KATY, TEXAS, and upon any  
 of the conditions hereafter expressed, CHARLES GEORGE  
 FONSECA, my true and lawful Attorney-in-Fact, for me and in  
 my name, place and stead to make and endorse promissory  
 notes; to draw, accept and endorse bills of exchange; to  
 waive demand, presentment, protest, notice of protest, and  
 notice of non-payment of all such instruments; to make and  
 execute any and all contracts; to purchase, sell, dispose of,  
 assign and pledge notes, stocks, bonds and securities; to  
 exercise such voting rights as my ownership of any notes,  
 stocks, bonds and securities my entitle me, either in person  
 or by proxy; to represent me in all matters pertaining to the  
 business of any corporation in which I may have any interest;  
 to receive and to demand all sums of money, debts, dues,  
 accounts, legacies, bequests, pensions, benefits, interest,  
 dividends, annuities, and demands whatsoever, as are now or  
 shall hereafter become due, owing, payable or belonging to  
 me; to compromise the same; to make acquittance or other  
 sufficient discharges for the same; to bargain for, contract  
 concerning, buy, sell, mortgage, hypothecate, and in any and  
 every manner deal in and with personal property; to execute  
 instruments necessary for the transfer of instruments to  
 effect the transfer of title to any motor vehicle owned by  
 me; to purchase, sell, mortgage, convey and lease any  
 interest in real estate, wherever located, of which I may be  
 the owner now or hereafter; to execute and file all tax  
 returns of any kind or nature whatsoever, whether the same be  
 required by the United States of America, any political  
 subdivision thereof or any foreign government, and to pay  
 such taxes; to examine and request copies of any tax returns  
 heretofore or hereafter filed by me or for and on my behalf;  
 to take all lawful means deemed desirable by my said  
 Attorney-in-Fact to enforce my rights or to compromise and  
 settlement of legal proceedings, in my name or otherwise; and  
 generally to transact any and all business for me of any kind  
 or nature whatsoever; to do and perform each and every act  
 and thing whatsoever requisite and necessary or proper to be  
 done in all matters affecting my business or property, and  
 with the same force and effect as though I were personally  
 present and acting for myself; to do and perform each and  
 every act and thing whatsoever affecting my health and  
 general welfare, as well as to make any and decisions  
 necessary to provide for any form of medical treatment for my  
 health and general welfare, including herewith all the power  
 to act for me, as my health care representative, as is  
 granted in I.C. 16-8-12-1, and  
 I.C. 30-5 et seq., as amended from time to time, with the

Paul Pomadelis  
 3530 Fairview Ave.  
 Lake Station 46405

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same force and effect as though I were personally present and acting for myself; and I hereby ratify and confirm all that my said Attorney-in-Fact shall do by virtue hereof. To consent to such medical examination, medical procedures and medical treatment as, in the sole judgment of my Attorney-in-Fact, appears beneficial to me and to withhold consent of any medical examination, medical procedures or medical treatment which, in the sole judgment of my Attorney-in-Fact, is not beneficial to me. To consent to my admission to any hospital, infirmary, convalescent facility, nursing facility or other type care facility as, in the sole judgment of my Attorney-in-Fact, seems proper for my care, treatment or maintenance, and to sign any contracts, agreement, or otherwise, necessary to effect my admission to any such of the foregoing facilities. To perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, among other things, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents. To create, revoke or amend trusts in my name and to transfer any of my property to the Trustee for administration and disposition in accordance with the provisions of such a Trust or the provisions of any Trust that I may establish. To designate or elect that the income and/or be distributed to any one or more persons other than myself. To create, revoke, or amend any estate plan in my name and to transfer any of my property in order to carry out such estate plan, whether created by me or by my Attorney-in-Fact, whether such transfer is made to full value, or for less than full value. To renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interests in or rights over trusts (including the right to alter, amend, revoke or terminate) and to exercise any right to claim an elective share in any Estate of under any Will. In exercising such discretion, my Attorney-in-Fact may take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes on my estate, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounce or disclaimed property; provide, however, that any Attorney-in-Fact shall make no disclaimer that is expressly prohibited by other provisions of this instrument.

To the extent I am permitted by law to do so, I herewith

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Initials: *D.H.S.*

nominate, constitute and appoint my Attorney-in-Fact to serve as by guardian, conservator and/or in any similar representative capacity, and if I am not permitted by law to so nominate, constitute and appoint, then I request in the strongest possible terms that any court of competent jurisdiction which may receive and be asked to act upon a petition by any person to appoint a guardian, conservator or similar representative for me give the greatest possible weight to this request.

In the event of the death, disappearance, disability, incapacity or resignation of my first named Attorney-in-Fact, the appointment of my alternate Attorney-in-Fact shall become absolute, the same as if the first named Attorney-in-Fact had not been appointed. The disappearance of my first named Attorney-in-Fact may be established by the affidavit of my alternate Attorney-in-Fact. The disability or incapacity of my first named Attorney-in-Fact may be established by the certificate of a qualified physician stating that the first named Attorney-in-Fact is unable to manage his own affairs. Any person dealing with my alternate Attorney-in-Fact shall be fully protected and free from liability for any payment, application, or accumulation made or other action taken in reliance upon such an affidavit of disappearance or such a certificate of disability or incapacity. The authority of my alternate Attorney-in-Fact shall continue and be exclusive even if the first named Attorney-in-Fact shall reappear after a disappearance or recover after a disability or incapacity.

It is not my intention to grant any beneficial interests in my Estate by this instrument but to grant to my Attorney-in-Fact mere administrative powers of management, investment, and custody of my Estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of a reasonable compensation for services) not for the personal benefit of my Attorney-in-Fact.

My authority granted to my said Attorney-in-Fact shall be limited so as to prevent this Power of Attorney (1) from being by my Attorney-in-Fact to be taxed on my income, (2) from causing my Estate to be subject to a general power of appointment (as that term is defined in Section 2041 of the Internal Revenue Code of 1986, as amended) by my Attorney-in-Fact, and (3) from causing my Attorney-in-Fact to have any incidents of ownership (within the meaning of Section 2042 of the Internal Revenue Code of 1986, as amended) with regard to any life insurance policies on the life of my Attorney-in-Fact.

page four ~~of~~: POWER OF ATTORNEY  
Initials *D.H.F.*

This Power of Attorney shall not be affected by the lapse of time and shall only become effective upon my disability or incapacity. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. My Attorney-in-Fact shall be fully protected and free from any liability for any payment, application or accumulation made or other action taken in reliance upon such a certificate. My disability or incapacity shall be deemed terminated when a qualified physician shall so certify. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever my then be serving or eligible to serve as my Attorney-in-Fact under this Power of Attorney be appointed to that office.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1997.

This Document is the property of  
the Lake County Recorder, Indiana

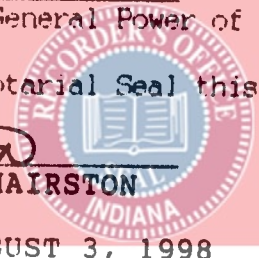
*Domingo Hernandez Fonseca*  
GRANTOR, DOMINGO HERNANDEZ FONSECA,  
312-34-3345  
Grantor's Social Security Number

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public, in and for said County and State, personally appeared, DOMINGO FONSECA, the GRANTOR and acknowledged the execution of the foregoing General Power of Attorney.

Witness my hand and Notarial Seal this 31st day of MARCH, 1997.

*Paula D Hairston*  
Notary Public, PAULA D HAIRSTON  
Resident of PORTER County,



My commission expires on AUGUST 3, 1998.

The attorney in fact represents and warrants that within his knowledge this power is invoked and is still in full force and effect upon each and every exercise of the powers herein granted.

*Charles George Fonseca*  
CHARLES GEORGE FONSECA  
ATTORNEY-IN-FACT,  
310-56-3662  
Attorney-in-Fact's Social Security no.  
Security Number