

FILED POWER OF ATTORNEY

SEP 29 1997

OF

SAM ORLICH WILLIAM F. STEMBEL, a/k/a WILLIAM F. STEMBEL II
AUDITOR LAKE COUNTY PRINCIPAL

TO

REBECCA L. CZARNECKI, a/k/a BECKY CZARNECKI
ATTORNEY IN FACT

97067929

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, the Power of Attorney incorporates into it the powers here listed and confers general authority with respect to the

- real property transactions;
- tangible personal property transactions;
- bond, share, and commodity transactions;
- banking transactions;
- business operating transactions;
- insurance transactions;
- beneficiary transactions;
- gift transactions;
- fiduciary transactions;
- claims and litigation;
- family maintenance;
- benefits from military service;
- records, reports, and statements;
- estate transactions;
- all other matters.

- [IC 30-5-5-2]
- [IC 30-5-5-3]
- [IC 30-5-5-4]
- [IC 30-5-5-5]
- [IC 30-5-5-6]
- [IC 30-5-5-7]
- [IC 30-5-5-8]
- [IC 30-5-5-9]
- [IC 30-5-5-10]
- [IC 30-5-5-11]
- [IC 30-5-5-12]
- [IC 30-5-5-13]
- [IC 30-5-5-14]
- [IC 30-5-5-15]
- [IC 30-5-5-19]

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

[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].

I hereby add the Health Care delegations under I.C. 30-5-5-16, 17, and 18. I have incorporated my Declaration

of Appointment of Health Care Representative as specified on the reverse side of this Power of Attorney.

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]
- 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):

Holding Institution	Type of Account	Account Number
Indiana Federal	All Accounts	
Bank One	All Accounts	

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Jasper County, State of Indiana.

1200
su
001885
#8298

F. Safe Deposit Box. I have a safe deposit box, Number None
at n/a (BANKING INSTITUTION) n/a (BRANCH) n/a (CITY)

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property 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.

G. Duration of Power of Attorney. ~~SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS. (in case of insufficient striking, provision a applies).~~

- a. This Power of Attorney is not terminated by my incapacity.
- ~~b. This Power of Attorney terminates on _____ at _____~~
~~(DATE) (TIME)~~
- ~~c. This Power of Attorney terminates upon my incapacity or on _____~~
~~at _____, whichever first occurs. (DATE) (TIME)~~

H. Revocation of Prior Powers. I ~~do~~ ~~not~~ ~~(strike one)~~ revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. 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 nominate Rebecca L. Czarnecki as guardian of my person, and Rebecca L. Czarnecki as 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 _____ Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.~~

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. 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 28th day of May, 199 7, in ~~_____ counterparts,~~
~~each of which shall be considered an original.~~

Counterpart No. _____

William J. Stentz
PRINCIPAL'S SIGNATURE

317-44-6214
PRINCIPAL'S SOCIAL SECURITY NUMBER

P. O. Box 81, 225 East South Street
PRINCIPAL'S STREET OR OTHER ADDRESS

Wheatfield, IN 46392
PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA)
) SS.
COUNTY OF JASPER)

Before me, the undersigned, a Notary Public in and for said County and State, this 28th day of May, 199 7, 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.

Edna K. Kotur
NOTARY PUBLIC'S SIGNATURE

Edna K. Kotur
NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: June 21, 1998 Resident of Jasper County.
This instrument prepared by Robert J. Gabrielse, Attorney at Law.



DECLARATION OF APPOINTMENT OF HEALTH CARE REPRESENTATIVE:

I authorize Rebecca L. Czarnecki to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time based on my previously expressed preferences and the current diagnosis and prognosis she 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 she 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 death may result. She must try to discuss this decision with me. However, if I am unable to communicate, she may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, she may also discuss this decision with my family and others to the extent they are available.