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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. 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 WHICH SHOULD ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF

JOSEPH W. KUJAWA

PRINCIPAL

TO

LAWRENCE J. KUJAWA

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 it the powers here listed and confers general authority with respect to them:

real property transactions;	This D	(IC-30-5-5-2) 15 th	fiduciary transactions; of claims and litigation;	[IC 30-5-5-10]
 tangible personal property transac 	tions;	[1C 30-5-5-3]	claims and litigation;	[IC 30-5-5-11]
 bond, share, and commodity transa 	ections: the	IC30-5-5-4) County	family maintenance;	[IC 30-5-5-12]
banking transactions;		(IC 30-5-5-5)	benefits from military service;	[IC 30-5-5-13]
business operating transactions:		[IC 30-5-5-6]	records, reports, and statements;	[IC 30-5-5-14]
insurance transacitons,		[IC 30-5-5-7]	estate transactions;	[IC 30-5-5-15]
beneficiary tarnsactions.		[IC 30-5-5-8]	all other matters.	[IC 30-5-5-19]
gift transactions;		[IC 30-5-5-9]		

[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]

 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 State 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	
WRFCU	Share Account	02648-000	
Citizen's Financial Services, FSB	Checking	100006783	

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 _______ County, State of Indiana.

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at(BANKING INSTITUTION)		(BRANCH)	(cr	TY)
I give my attorney in fact power to enter operson. I give the power also to remove propehere given are in addition to those incorpor	rty from such box or add prop	perty to it, and to relocate suc		
G. DURATION OF POWER OF ATTORN of insufficient striking, provision a applies}: a. This Power of Attorney is not term	inated by my incapacity.			·
b. This Power of Attorney terminates	on xxxxxxxxx	K X X X X X X X X X X X X X X X X X X X	at XXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
c. This Power of Attorney terminates	upon my incapacity or on 2	××××××××××××	××××××××××××	«xxxxxxxxxxx
at XXXXXXXXXXXXXXXX, wi	nichever first occurs.			(DATE)
H. REVOCATION OF PRIOR POWERS. does not affect the validity of an act perform				
1. GUARDIANS. If protective proceeding of my person, and Lawrence J. Kujawa	as gu	ardian of my estate, to serve	in each case without bond	as may be permitted by law.
J. SUCCESSOR ATTORNEY IN FACT. A shall become my attorney in fact when the declined to serve.	s a successor to my attorney person(s) first designated a	in fact I designate and nam nd named has/have failed or	e Barbara A. Nogacki ceased to serve as specified	. Such succesor in the Statute, or has/have
By giving me written notice while I am no fact shall continue to serve until a successor Attorney as such successor or selected by a	attorney in fact is authorize	d to act under this Power of A	Attorney, whether designated	ny incapacity, my attorney in and named in this Power of
K. BINDING EFFECT. Any act or thing provides.	the Lake (act under this Power of Attori	ney binds me and my successor	ors in interest, as the Statute
Signed this <u>18 h</u> day of each of which shall be considered an origin			, in	counterparts,
Counterpart No		* Josep	h W Kuy	awa
		309-09-367	JOSEPH W. KUJI	
		8516 Jeffer	RINCIPAL'S SOCIAL SECURITY NO.	MBER
		Corp. Com	RINCIPAL'S STREET OR OTHER AD	DRESS
			diana 46321 PRINCIPAL'S CITY, STATE AND ZIP	CODE
D'82 14 23 (74 2) 14 71 11 11 11 11 11 11 11 11 11 11 11 11	ake E	SS: SEAL	rh/	
Before me, the undersigned, a Notary Puday of	, personally a	ppeared the principal named	above, signed this Power of	Attorney, and acknowledged
the execution of it, as the voluntary act and IN WITNESS WHEREOF, I have hereunto				106.
		ame	NOTARY PUBLIC'S SIGNATURE	weep
	//	Ame	· 1	Marlpin
My Commission Expires:	02/11/00	Resident of	Lall	County.
	a L. McAlpin, ndianapolis Bo	BLACKMUN, BOM	BERGER & MORAI land, Indiana	N Attorney at Law.
MAIL TO:				AR ASSOCIATION, INC. (REV. 2/97)
				,

-E SAFE DEPOSIT BOX: I have a safe deposit box, Number