

POWER OF ATTORNEY
OF
GERALD F MAJEWSKI
6785 Harrison Street Merrillville Indiana
TO
My Attorney JOHN W. ZIELINSKI
1579 Huntington Dr. Calumet City Illinois

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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:

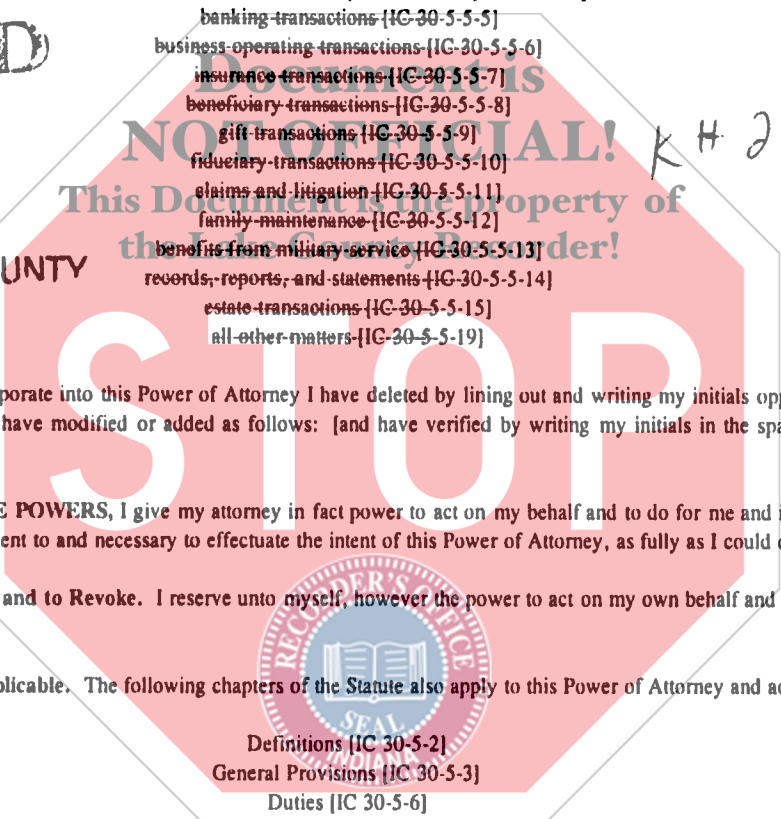
- real property transactions [IC 30-5-5-2] regarding property located at 2650 41st Street, Highland IN 46322
- ~~tangible personal property transactions [IC 30-5-5-3]~~
- ~~bond, share, and commodity transactions [IC 30-5-5-4]~~
- ~~banking transactions [IC 30-5-5-5]~~
- ~~business operating transactions [IC 30-5-5-6]~~
- ~~insurance transactions [IC 30-5-5-7]~~
- ~~beneficiary transactions [IC 30-5-5-8]~~
- ~~gift transactions [IC 30-5-5-9]~~
- ~~fiduciary transactions [IC 30-5-5-10]~~
- ~~claims and litigation [IC 30-5-5-11]~~
- ~~family maintenance [IC 30-5-5-12]~~
- ~~benefits from military service [IC 30-5-5-13]~~
- ~~records, reports, and statements [IC 30-5-5-14]~~
- ~~estate transactions [IC 30-5-5-15]~~
- ~~all other matters [IC 30-5-5-19]~~

FILED

APR 22 1998

SAM ORLICH
AUDITOR LAKE COUNTY

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STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

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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]
- Liabilities [IC 30-5-9]
- Termination [IC 30-5-10]
- Reliance [IC 30-5-8]

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Lake County, State of Indiana.

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F. Safe Deposit Box. I have a safe deposit box, Number _____, at _____

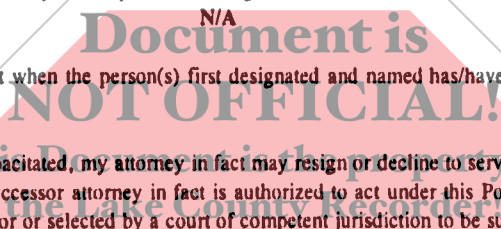
I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution 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. This Power of Attorney shall only be effective upon my disability. For this purpose, disability shall be determined by a written certification of a person duly licensed to practice medicine in the State of Indiana or in such other state as I shall be then present, that said physician has examined me and determined that I am incapable of acting on my own behalf. Such incapacity shall be deemed to cease upon delivery of a similar certificate to my attorney in fact that the incapacity has ceased.

H. Revocation of Prior Powers. I 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.

I. Guardians. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate _____ as guardian of my person, and _____ 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.

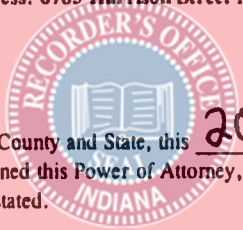
By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named 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 20th day of APRIL, 1998.

Gerald F Majewski
GERALD F MAJEWSKI
Social Security Number: 308-50-7630
Address: 6785 Harrison Street Merrillville Indiana

STATE OF ILLINOIS
SS:
COUNTY OF COOK



Before me, the undersigned, a Notary Public in and for said County and State, this 20th day of APRIL, 1998, 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.
John W Zielinski
NOTARY PUBLIC, Resident of Cook County

This instrument prepared by UAW-Ford Legal Services Plan, John W. Zielinski *, Attorney at Law, 1579 Huntington Drive, Calumet City IL 60409, 708/868-7520

"OFFICIAL SEAL"
John W. Zielinski
Notary Public, State of Illinois
My Commission Expires 01/10/99

*Licensed to practice in Indiana & Illinois.