

STATE OF INDIANA
LAKE COUNTY
DURABLE POWER OF ATTORNEY

99081882

99 OCT - 5 AM 10:40

KNOW ALL MEN BY THESE PRESENTS: That I, WANDA ROZCICHA, social security number 308-14-6818, of 8918 Edison Street, Crown Point, Lake County, Indiana, DO HEREBY MAKE, CONSTITUTE and APPOINT JOANNE BUCKMASTER, social security number 316-30-1415, whose telephone number and address are 219/365-4728, 8929 Edison Street, Crown Point, Lake County, Indiana, my true and lawful attorney, for me and in my place and stead, with full power of substitution,

1. to make, indorse, draw and accept promissory notes, checks, bills of exchange, drafts, or other negotiable instruments;
2. to exercise such rights, voting or otherwise, as I may have in any corporation, by virtue of my ownership of any stock, bonds or securities therein, either absolutely or collateral;
3. to receive, demand, sue for and recover all property, real or personal, claims, debts, monies, accounts, legacies, demands, dividends, annuities, proceeds of insurance, recoveries, that are now due, or may hereafter become due; adjust, compromise and execute releases therefore as my attorney shall deem fit;
4. to make, execute and deliver any deed, mortgage or lease in respect of any of my lands and buildings, or any part thereof;
5. to buy, sell, trade, mortgage, hypothecate and deal in personal property of any kind or nature;
6. to execute, file, examine and request copies of any and all tax returns required by the United States or any political subdivision thereof, whether filed by me, or jointly with others;
7. to sell mortgage or pledge any and all shares of stocks, bonds or other securities now or hereafter belonging to me, and to execute and deliver an assignment thereof;
8. to transact any and all business for me and to do such other acts as may be necessary or desirable to be done to save, protect or promote my business or property, and with the same force and effect as if I were personally present.

And I do hereby ratify and confirm all that my said attorney, or his/her substitute shall do or cause to be done, by virtue of this power of attorney.

Further, this power of attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10 day of August, 1993. File # 18525 SCH

Wanda Rozcicha
WANDA ROZCICHA

SUBSCRIBED AND SWORN to before me this 10 day of August, 1993.

My Commission Expires
May 4, 1997

Joseph M. Skozen
JOSEPH M. SKOZEN, Notary Public
Resident of Lake County

Comm #10112
9-02-93