

STATE OF INDIANA
LAKE COUNTY
FILE POWER OF ATTORNEY

FILED

2000 014054

OF
LOUIS J. SOLICH, PRINCIPAL

MAR 01 2000

TO
LINDA LACH, ATTORNEY IN FACT LAKE COUNTY AUDITOR
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] |
| 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] |

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. The powers listed above regarding real estate apply to but are not limited to the following described real estate:

TURKEY CREEK MEADOWS, UNIT #1, LOT 41 (commonly known as 6691 Jackson Street, Merrillville, Indiana)

C. **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.

D. **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] | Reliance [IC 30-5-8] |
| General Provisions [IC 30-5-3] | Liabilities [IC 30-5-9] |
| Duties [IC 30-5-6] | Termination [IC 30-5-10] |

E. **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.

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F. **Reliance on Power of Attorney.** In addition to provisions of the Statute regarding reliance, any holding institution(s) or banking institution and all other persons to whom this Power of Attorney may be delivered 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).

G. **Safe Deposit Box.** If I have a safe deposit, 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 individual 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.

H. **Duration of Power of Attorney.** By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. This Power of Attorney is not terminated by my incapacity. 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.

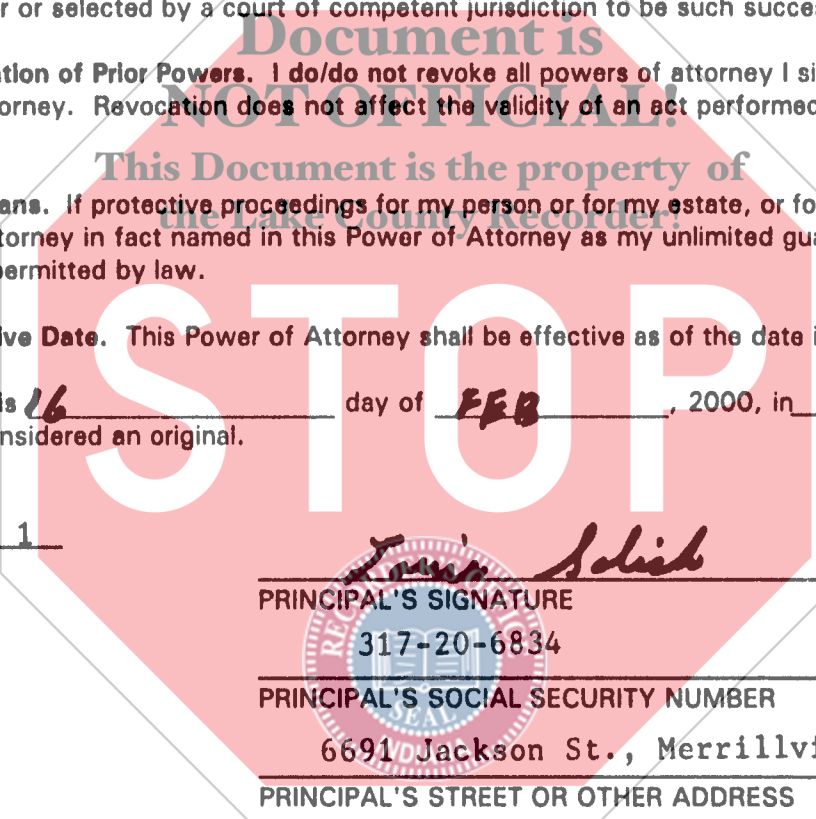
I. **Revocation of Prior Powers.** I do/do not revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney.

J. **Guardians.** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate the attorney in fact named in this Power of Attorney as my unlimited guardian, to serve without bond as may be permitted by law.

K. **Effective Date.** This Power of Attorney shall be effective as of the date it is signed.

Signed this 16 day of FEB, 2000, in _____ counterparts, each of which shall be considered an original.

Counterpart No. 1



Louis Solich
PRINCIPAL'S SIGNATURE
317-20-6834
PRINCIPAL'S SOCIAL SECURITY NUMBER
6691/D Jackson St., Merrillville, IN 46410
PRINCIPAL'S STREET OR OTHER ADDRESS

STATE OF INDIANA)
)SS.
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of February, 2000, 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.

My Commission Expires:
06/07/00

Kathryn D Schmidt
Kathryn D Schmidt, NOTARY PUBLIC