2 GENERAD BORABLE POWER OF ATTORNEY

	MUMMIS W. CAM	IER .
ANNA DREVYANKO	RECORDER L	county, State
Indiana heing at least 18 v	ears of age and mentally	competent, do hereby designers
WILLIAM J. DREVYANKO AND	Lake	
MICHAEL P. DREVYANKO , of	- rave	County, State of Indiana,
as my true and lawful attorney&n-fact.		9
I. Powers:		5
The above named attorney-in-fact shall have the	following powers:	N
To make, draw and indorse promissory notes, che	cks or bills of exchange a	nd to waive demand, presentment,
protest, notice of protest, and notice of non-payment	of all such instruments;	•
To make and execute any and all contracts;		
To purchase, sell, dispose of, assign and pledge no	tes, stocks, bonds and se	curities, and to exercise such voting
rights as my ownership of any notes, stocks, bonds a To sell, purchase, dispose of, assign and pledge any	nd securities may entitle U.S. Savings Bonds and	me, either in person or by proxy; U.S. Treasury Securities in which I
may have interest; To receive and to demand all sums of money, debt		
whatsoever which are now or shall hereafter become d	ue or payable to me and	to compromise, settle or discharge
To have access to any and all safe deposit baxes in	my name and to onen a	nenect inventory place items in or
remove from, and close said safe deposit boxes:		
To bargain for, contract concerning, buy, sell, e	ncumber and in any wa	y and manner, deal with personal
property of any kind or nature and to apply or make		
persons to whom I owe an obligation or support;	OTTICL	m 9
To execute instruments to effect the transfer of t	itle to any motor vehicle	S Byened by most
To maintain, purchase, surrender, acquire, assign	h, pledge, make claims t	inder, borrow against, partially or
fully liquidate, change beneficiaries, cesignale insue	e and renerally des Cu	and claims
thereon; To purchase, sell, mortgage, convey and lease an	v interest in real estate w	haraver located of which I may be
owner now or hereafter (if this provision is applicable		
To represent me in all matters relating to taxation		
State or any local government unit and to prepare, sig		
these matters;		
and I hereby ratify and confirm all that my attorney	in fact shall do by viets	a harasi
and I hereby fathly and comfirm an that my attorney	in-lact shall do by virto	ic nereot.
II. Effective date: (delete inapplicable prov	vision)	THE RESERVE OF THE PARTY OF THE
(A) This Power of Attorney shall become effect		September 19 98 and
shall not be affected by my subsequent disability or	acompetence:	117
OR		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CHANNERWANNER	CX XIKMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
diskbitick are loroton jenoe.		
E	SEAL OF E	
	WOIANA WILL	
III. Termination: (delete inapplicable prov		
I hereby reserve the right of revocation, however,	this Power of Attorney s	hall continue in full force and effect
until:	and Office of the Court	-6di-ila-a-vi
(A) I have executed and recorded in the Recorded hereof.	ers Office of the County	of my domicile a written revocation
neteon.		

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IV. Guardianship: (optional)
In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint William J. Drevyanko and Michael P. Drevyanko to serve as guardians.

Co-Guardians.

FILED

MAR 0 1 2000

PETER BENJAMIN LAKE COUNTY AUDITOR 99350

Copyright, 1985, by Indianapolis Bar Association.

V. In addition to the foregoing, and although the foregoing is intended to cover all health care decisions as defined under the Health Care Consent Law of the State of Indiana pursuant to Burns Indiana Statutes Annotated, Code Edition, Section I.C. 16-36-1-1 through I.C. 16-36-1-14 as well as any and all subsequent amendments or modifications thereof, I, nevertheless, want it expressly understood that the within General Durable Power of Attorney is intended to cover any and all health care decisions for me at any time when I have lost the capacity to make such health care decisions for myself, including the right to give informed consent, to refuse to give informed consent, or to withdraw informed consent, to any health care that is being or could be provided to me.

VI. It is the express intention of the undersigned, as Principal, that this General Durable Power of Attorney shall be a so-called "Springing General Durable Power of Attorney", that is, that the same shall become effective only upon the incompetence of the Principal, ANNA DREVYANKO, pursuant to the Burns Indiana Statutes Annotated, Code Edition, Section I.C. 30-5-1-1 through Section I.C. 30-5-10-4 as well as all subsequent amendments or modifications thereof, or, in the alternative, in the event that the personal physician and/or his associate should designate in writing that the within Grantor of the within Power is not sufficiently competent to attend to her personal and/or business affairs.

VII. Furthermore the within General Durable Power of attorney is made, executed and the authority conferred herein shall be exercisable notwithstanding the Principal Resubsequent incompetence as defined in I.C. 29-3-1-7.5 and the authority of the within Co-Attorneys in Fact, WILLIAM J. DREVYANKO AND MICHAEL P. DREVYANKO, is exercisable by them as provided in the power on behalf of the Principal, ANNA DREVYANKO, notwithstanding later incompetence of the Principal at Law or later uncertainty as to whether the Principal is dead or alive pursuant to I.C. 30-5-10-3 and 30-5-10-4. All acts done by the Attorneys in Fact, WILLIAM J. DREVYANKO AND MICHAEL P. DREVYANKO, pursuant to the Power during any period of incompetence or uncertainty as to whether the Principal is dead or alive shall have the same effect and inure to the benefit of, and bind the Principal or her heirs, devisees, and personal representatives as if the Principal were alive and competent pursuant to I.C. 30-5-10-4 et. seq. and subsequent amendments or modifications thereof.

IN WITNESS WHEREOF, I have kercunto set my hand and seal this day of Sembler, 1938.

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 8 day of September, 1998 personally appeared ANNA DREVYANKO, who acknowledged the execution of the foregoing General Durable Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the Attorney in Fact as the Grantor's health care representative as authorized under the Indiana Health Care Consent Law, to wit: I.C. 16-36-1-1, et. seq.

My Commission Expires: 11-27-99

Suzanne Goldsmith, Notary Public Resident of Lake County

This Instrument Prepared By: DANKO, GOLDSMITH & RITZI, Attorneys at Law

POBON 510 Whiting 46394