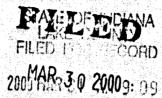
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PETER BENJAMIN ER

A205-10 R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Barbara A. Nogacki Y 128-245-74

TO ALL PERSONS, be it known that I, Barbara A. Nogacki of Corpus Christi, Tx., Nueces County the undersigned Grantor, do hereby make and grant a general power of attorney to Lawrence J. Kujawa, of Munster, In., Lake County and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

(A) Real estate transactions

(B) Tangible personal property transactions

(C) Bond, share and commodity transactions

(D) Banking transactions

(E) Business operating transactions

(F) Insurance transactions

(G) Gifts to charities and individuals other than Attorney-in-Fact
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

(H) Claims and litigation

(1) Personal relationships and affairs

(J) Benefits from military service

(K) Records, reports and statements

ZAHH

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If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



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Rev. 4/99

(L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing
powers to any person or persons whom my attorney-in-fact shall select
[] (M) Access to safe deposit box(es) [] (N) All other matters Durable Provision:
[] (N) All other matters
Durable Provision:
(O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
Other Terms:
My true and lawful attorney has the power to execute any and all documents including the signing of the deed regarding the property known as Lot 72 Monaldi's Parkview addition in the town of Munster as shown in Plat book 36 page 79 in the office of the recorder of Lake County, In, commonly known as 8516 Jefferson, Munster, In, or any other documents necessary to complete the sale of the above property.
My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discre-
tion deems advisable, and I affirm and ratify all acts so undertaken.
TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY
THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS
INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION
HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL
ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION
SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND
FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY
AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND
AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY
BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS
INSTRUMENT.
Signed under seal this 17 th day of Manch, 2000 (year).
Litalit Holena Barbara a- nogacki
Winness Grantor
Barbara A. Noggeki
Witness Attorney-in-Fact
State of Texas County of Nuecer MOIANA
on 17 march 2000 before me, Helen Ashley, appeared
Banbana A. Nogacki , personally known
to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to he within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capac-

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ity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the

HELEN ASHLEY

MY COMMISSION EXPIRES
July 15, 2000

Affiant

Known

_Produced ID

person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

(Seal)