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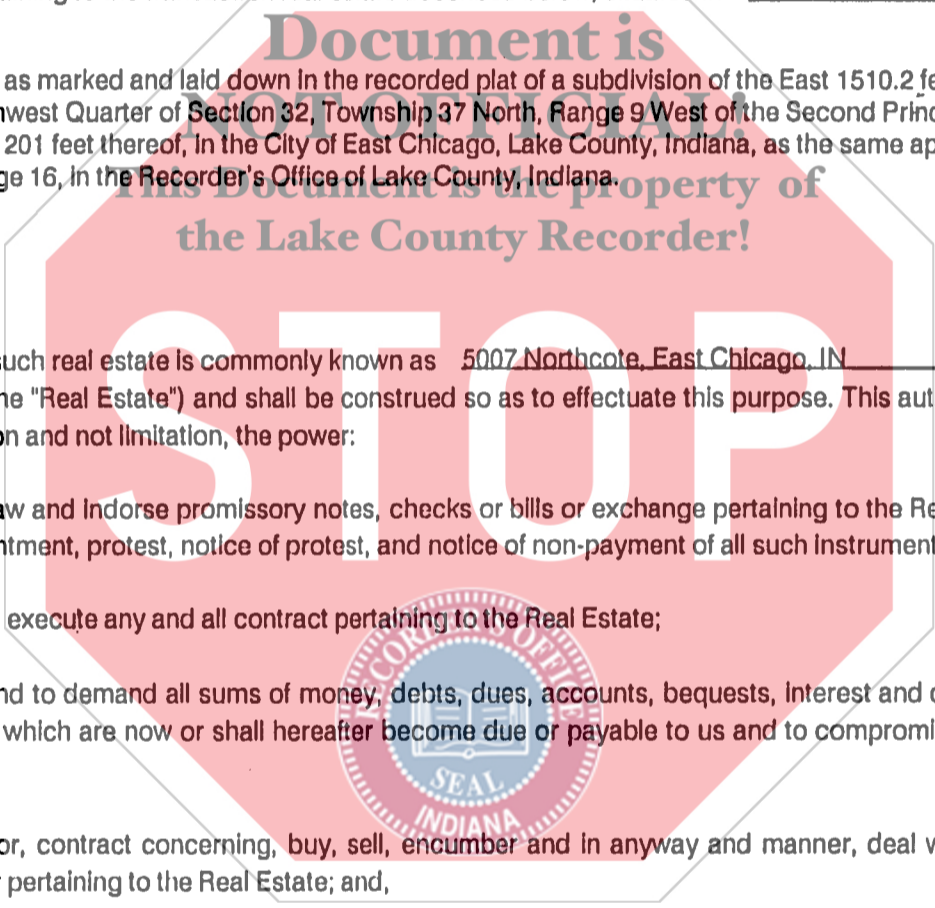
LIMITED POWER OF ATTORNEY (REAL ESTATE)

I, We, Anthony J. Kusiak, Maryann Kusiak, Dan P. Kusiak, Stan Kusak
Lake _____ County, State of Indiana, being at least 18 years of age and mentally competent, do hereby
designate Stanley Kusiak
of Lake _____ County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above name attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code § 30-5-5-2, pertaining to the transaction real estate described below, situated in Lake _____ County, State of Indiana:

Lot 42, Block 6, as marked and laid down in the recorded plat of a subdivision of the East 1510.2 feet of the North 1320 feet of the Northwest Quarter of Section 32, Township 37 North, Range 9 West of the Second Principal Meridian, except the East 201 feet thereof, in the City of East Chicago, Lake County, Indiana, as the same appears of record in Plat Book 2, page 16, in the Recorder's Office of Lake County, Indiana.



the address of such real estate is commonly known as 5007 Northcote, East Chicago, IN
_____ (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

- To make, draw and indorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;
- To make and execute any and all contract pertaining to the Real Estate;
- To receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to compromise, settle or discharge the same;
- To bargain for, contract concerning, buy, sell, encumber and in anyway and manner, deal with personal property located upon or pertaining to the Real Estate; and,
- To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instrument.

FILED

MAR 30 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: (select appropriate provision)

as of the date it is signed

as of the 8th day of March, 2000

upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

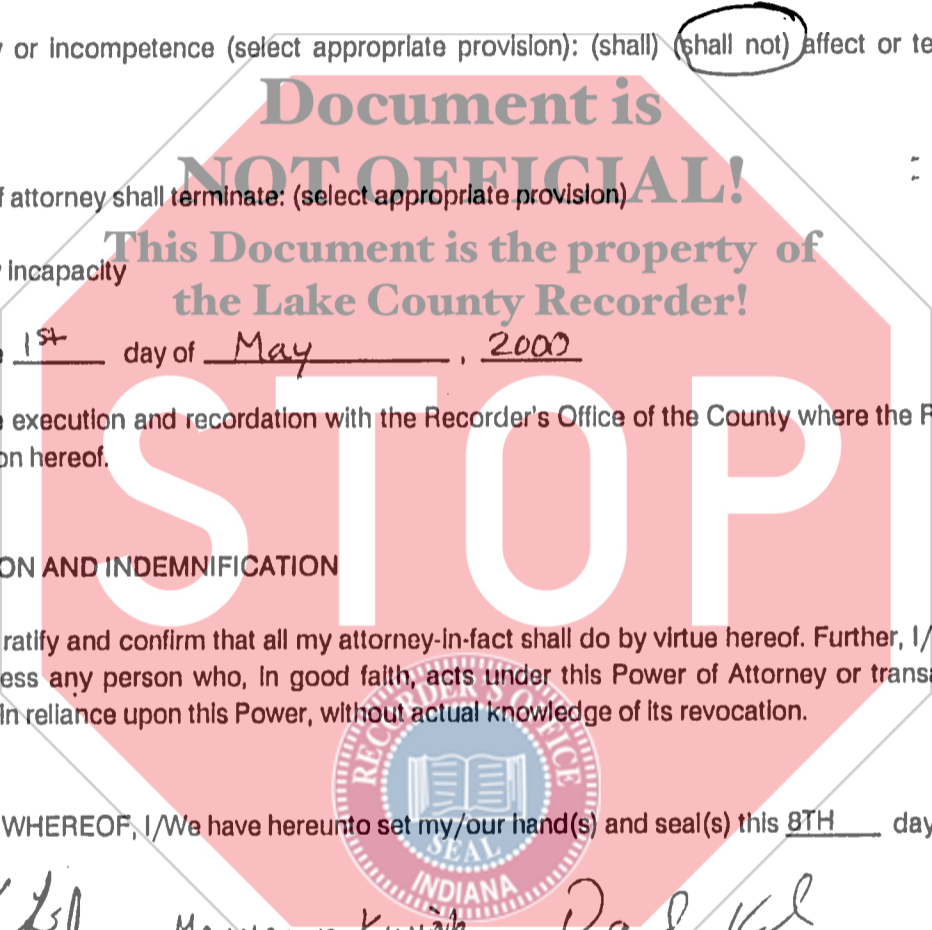
B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.

C. This power of attorney shall terminate: (select appropriate provision)

upon my incapacity

upon the 1st day of May, 2000

upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.



III. RATIFICATION AND INDEMNIFICATION

I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We 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.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 8th day of March, 2000.

[Signature], Maryann Kusiak
Printed: Anthony J. Kusiak, Maryann Kusiak

[Signature], Shaun Kusiak
Printed: David Kusiak, Shaun Kusiak

STATE OF INDIANA }
COUNTY OF Lake } SS:

Before me, a Notary Public in and for said County and State, personally appeared Anthony J Kusiak, Maryann Kusiak, David Kusiak and Shaun Kusiak who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 8th day of March, 2000
Printed: Jennifer Szymczak, Notary Public Jennifer Szymczak
My Commission Expires: Sept. 29, 2000 My County of Residence: Lake
This instrument was prepared by MARYANN KUSIAK