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STATE OF INDIANA
LAKE COUNTY
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POWER OF ATTORNEY

OF

HALLIE M. PRENICZNY

PRINCIPAL

TO

ROBERT B. PRENICZNY

ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

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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]	fiduciary transactions;	[IC 30-5-5-10]
tangible personal property transactions;	[IC 30-5-5-3]	claims and litigation;	[IC 30-5-5-11]
bond, share, and commodity transactions;	[IC 30-5-5-4]	family maintenance;	[IC 30-5-5-12]
banking transactions;	[IC 30-5-5-5]	benefits from military service;	[IC 30-5-5-13]
business operating transactions;	[IC 30-5-5-6]	records, reports, and statements;	[IC 30-5-5-14]
insurance transactions;	[IC 30-5-5-7]	estate transactions;	[IC 30-5-5-15]
beneficiary transactions;	[IC 30-5-5-8]	all other matters.	[IC 30-5-5-19]
gift transactions;	[IC 30-5-5-9]		

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

_____ _____

_____ _____

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. **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.

C. **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]

D. **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.

E. **RELIANCE ON POWER OF ATTORNEY.** In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F 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):

Holding Institution	Type of Account	Account Number

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of LAKE County, State of Indiana.

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F. **SAFE DEPOSIT BOX.** I have a safe deposit box, Number _____,

at _____ (BANKING INSTITUTION) _____ (BRANCH) _____ (CITY).

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 individually 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.

G. **DURATION OF POWER OF ATTORNEY.** SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies]:

a. This Power of Attorney is not terminated by my incapacity.

b. ~~This Power of Attorney terminates on~~ _____ (DATE) at _____ (TIME)

c. ~~This Power of Attorney terminates on~~ _____ (DATE) at _____ (TIME), ~~whichever first occurs.~~

H. **REVOCATION OF PRIOR POWERS.** I do/do not [strike one] 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. In case of failure to strike, prior powers are revoked.

I. **GUARDIANS.** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate Robert B. Preniczny as guardian of my person, and Robert B. Preniczny as guardian of my estate, to serve in each case without bond as may be permitted by law.

J. **SUCCESSOR ATTORNEY IN FACT.** As a successor to my attorney in fact I designate and name _____. Such succesor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. 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.

K. **BINDING EFFECT.** Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 19th day of October, 1999, in 1 counterparts, each of which shall be considered an original.

Counterpart No. 1

Hallie M. Preniczny

PRINCIPALS'S SIGNATURE

311-26-1799

PRINCIPAL'S SOCIAL SECURITY NUMBER

2 N. Guyer Street

PRINCIPAL'S STREET OR OTHER ADDRESS

Hobart, Indiana 46342

PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 19th day of October, 1999, 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.

NOTARY PUBLIC'S SIGNATURE

ERVIN C. CARSTENSEN

NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 7/01/01 Resident of LAKE County.

This instrument prepared by ERVIN C. CARSTENSEN, I. D. #3141-45, Attorney at Law.
503 Main St., Hobart, IN 46342

MAIL TO:

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