Sizio LA FILLO I

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## C62000 696 2000 034903,' Durable Power of Attorney

2009 MAY 19 MAY 9 55



MODRIS M. CARA B

	of 935 W. Leland, Chicago, IL 60640,
do make, constitute and appoint Jerome J Kanles	of935 W Leland, Chicago, IL 60640
my (our) true and lawful attorney, to act in, manage, and conduct all my	(our) estate and all my (our) affairs, in my (our) name, place
and stead as my (our) act and deed, either to do and execute, or to conc	or with persons jointly interested with me (us) in the doing or
executing of all or any of the following acts deeds and things:	

To borrow money on such terms as my (our) afterney may choose.

To purchase, sell, lease, convey, axsign, pledge, hypothecate, mortgage and warrant, or otherwise deal with any or all real or personal property in which I (we) may have an interest, for such purposes and upon such terms and in such form as my (our) attorney may choose, including, but not limited to, property located in the City of Gary

Lake County, State of Indiana described at Lot 2/ in Block 6 in Lake Side Addition to the City of Gary, as per plat thereof, recorded in Plat Book 14 page 25, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1145 N. St. Joseph, Gary Indiana

Tax Identification Number: 25 45-272-30 including all lands and interests therein contiguous or appurtenant to land owned or claimed by me (us), whether or not specifically described above.

To make, execute, acknowledge and deliver under seal or otherwise any contract, agreement, bond, note, mortgage, deed of trust, deed, assignment, pledge, security agreement, power, guaranty, application for credit, application for insurance, statement, tax form, affidavit, disclosure, consent, amendment, election, vote, waiver, escrow agreement, endorsement, certification, promise, receipt, acknowledgment, instruction, order form, commitment, accounting, notification, letter, rider, addendum, authorization, appointment, power of attorney, stipulation, disclaimer, accord and satisfaction, settlement statement, settlement agreement, closing statement, closing instruction, discharge, discharge, questionnaire, proprietary certificate, request, document, form required by any federal, state or local law, regulation or ordinance, or other instruments which said attorney may deem necessary:

To make, draw, sign, endorse, accept or otherwise place my (our) name or signature upon any checks, notes, drafts or other instruments;

And to receive and collect and to give acquittances for all sums of money at any time due me (us).

Giving and Granting unto my (our) named attorney full power and authority to do and perform all and every act, deed, matter and thing whatsoever, in and about my (our) estate, property, and affairs as fully and effectually to all intents and purposes as I (we) might or could do in my (our) own proper person if personally present, the above specifically enumerated powers begin in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof, and hereby ratifying all that my (our) said attorney shall lawfully do or cause to be done by virtue of this document.

And I (we) hereby declare that any act or thing lawfully done hereunder by my (our) said attorney, whether done before or

## FILED

MAY 18 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

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after the date this document is signed and delivered by me (us), shall be binding on me (us) and my (our) heirs, conservators, guardians, trustees, legal and personal representative, and assigns, whether at the same shall have been done before or after my (our death, other revocations of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my (our said attorney.

This appointment being executed by me (us) shall cover my (our) jointly and severally owned property, property owned by me (us) in the entireties or as community property, and property owned by a trustee for my (our) benefit.

This power of attorney shall expire and te	minate on May 13	,19 2000.
This power of attorney shall not be affected in Witness Whereof, I (we) have set my	ed by my disability (or the disability of eithe (our) hand and scal this	r or both of us).  day of
May	_ ,19 2000 .	
Witnesses: Lordon Pomon	Document Signers & Ruy	U Bodnas
XI Johna Majar	OT OFF Rusself Bo	dnar
SIAIR OF .	ocument is the proper	
County of the	LakesCounty Recorde	er!
The forgoing instrument was acknowledged before a	ne this /3 day of	100 . 2007 . by
"OFFICIAL SEAL" SORAIDA FLORES	Notary Public X State of II.	and Bour
Notary Public, State of Illinois Ny Commission Expires June 24, 2001	County of COOK	
	My Commission Expires:	6-24-2001
This instrument drafted by: Bank One, N.A. P.O. Box 7700	When recorded return to:	
Indianapolis, IN 46277	WANTED TO THE PARTY OF THE PART	
(Blank lines completed by:		
Russell Bodnar )	•	
Please Type		

\*\* TOTAL PAGE.03 \*\*