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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF

LOUIS P. STRBAC

PRINCIPAL

TO

COLLEEN STETZ-DARGAVEL

ATTORNEY IN FACT

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

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;	10-30-5-5-11
bond, share, and commodity transactions;	[IC 30-5-5-4]	family maintenance; operty	[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 30-5-5-91		

[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 THES	E POWERS, I give m	y 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 a	nd necessary to effectua	ate the intent of this Poy	ver 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]
General Provisions [IC 30-5-3]

Duties [IC 30-5-6]

Reliance [IC 30-5-8]
Liabilities [IC 30-5-9]
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
Merrill Lynch	A11	A11
Fifth Third Bank	All	All
Any and all others	All	All

All other	persons to v	whom this Power of	Attorney may	be delivered	may rely o	n its being	in effect unle	ess I shall hav	ve
executed a proper	instrument re	evoking or changing	it and recorded	such instrum	ent, or caus	ed it to be r	ecorded, in the	ne Office of the	ne
Recorder of	4KE	Co	unty, State of In	idiana.					

(Banking Institution) (B	Branch) (City)
jointly with any other person. I give the power also to rem	nat box and to any other safe deposit box in my name either individuall love property from such box or add property to it, and to relocate suc given are in addition to those incorporated into this Power of Attorne
	capacity. (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
· · · · · · · · · · · · · · · · · · ·	(Date) (Time)
	(Date) (Time)
ower of Attorney. Revocation does not affect the validity of	an act performed under a prior power of attorney. In case of failure to
I. GUARDIANS. If protective proceedings for my person	or for my estate, or for both, are commenced, I nominate person, and Virginia Strbac as guardian of
y estate, to serve in each case without bond as may be permit	person, and Virginia Strbac as guardian o
J. SUCCESSOR ATTORNEY IN FACT. As a succes	ssor to my attorney in fact I designate and name
the Lsuch s	successor shall become my attorney in fact when the person(s) firs
esignated and named has/have failed or ceased to serve as spe	cified in the Statute, or has/have declined to serve. ny attorney in fact may resign or decline to serve. During a period o
y incapacity, my attorney in fact shall continue to serve unti	il a successor attorney in fact is authorized to act under this Power of
ttorney, whether designated and named in this Power of Atto be such successor.	orney as such successor or selected by a court of competent jurisdictio
K. BINDING EFFECT. Any act or thing performed by	my attorney in fact under this Power of Attorney binds me and m
ccessors in interest, as the Statute provides. L. ADDITIONAL COVENANTS.	
	DOCUMENTS FOR A LOAN TO WELLS FARGO HOME MORTGA
DATED JUNE 26, 2000 IN THE AMOUNT OF 40	,000.00 AGAINST THE PROPERTY AT 11031 ALLENDALE
CROWN POINT, IN 46307	
	EUROER'S OFFE
. 177 16	
Signed this // / day of May	, 2000 in three (3) counterparts, each o
hich shall be considered an original.	A sufficient company of motor in the additional assuments on a
o changes have been made to this Affen County Indiana Be by by by and clearly marked.	ar Association form except as noted in the additional covenants or a
ounterpart No. Two (2)	
	310-22-1419
PRINCIPAL'S SIGNATURE	PRINCIPAL'S SOCIAL SECURITY NUMBER
44004 Allendele Count	Crown Point, IN 46307
PRINCIPAL'S STREET OR OTHER ADDRESS	
	PRINCIPAL'S CITY, STATE AND ZIP CODE
	·
TATE OF INDIANA, COUNTY OF LAKE	SS:
PATE OF INDIANA, COUNTY OF <u>LAKE</u> Before me, the undersigned, a Notary Public in and for said of the principal named above.	SS: County and State, this /// day of May e, signed this Power of Attorney, and acknowledged the execution of it
FATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said of the principal named above the voluntary act and deed of the principal, for the uses and principal the uses and	SS: County and State, this /// day of May e, signed this Power of Attorney, and acknowledged the execution of i purposes therein stated.
TATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said of the voluntary act and deed of the principal, for the uses and public in the uses and public in the uses and public intervals. The voluntary act and deed of the principal, for the uses and public intervals.	SS: County and State, this /// day of May e, signed this Power of Attorney, and acknowledged the execution of i purposes therein stated. official seal the day and year last above written.
TATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said of the voluntary act and deed of the principal, for the uses and public in the uses and public in the uses and public intervals. The voluntary act and deed of the principal, for the uses and public intervals.	SS: County and State, this /// day of May e, signed this Power of Attorney, and acknowledged the execution of inpurposes therein stated. official seal the day and year last above written.
Before me, the undersigned, a Notary Public in and for said a 2000 personally appeared the principal named above the voluntary act and deed of the principal, for the uses and IN WITNESS WHEREOF, I have hereunto set my hand and	SS: County and State, this /// day of May e, signed this Power of Attorney, and acknowledged the execution of it purposes therein stated. official seal the day and year last above written.
TATE OF INDIANA, COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said of the voluntary act and deed of the principal, for the uses and public in the uses and public in the uses and public intervals. The voluntary act and deed of the principal, for the uses and public intervals.	SS: County and State, this /// day of May e, signed this Power of Attorney, and acknowledged the execution of it purposes therein stated.
Before me, the undersigned, a Notary Public in and for said of 2000 personally appeared the principal named above the voluntary act and deed of the principal, for the uses and principal in WITNESS WHEREOF, I have hereunto set my hand and by Commission expires: April 24, 2008 Porter Commission prepared by Francis J. Schafer, 382 Attorney Number 58-45	SS: County and State, this /// day of May e, signed this Power of Attorney, and acknowledged the execution of it purposes therein stated. official seal the day and year last above written.
Before me, the undersigned, a Notary Public in and for said (2000, personally appeared the principal named above the voluntary act and deed of the principal, for the uses and part in WITNESS WHEREOF, I have hereunto set my hand and by Commission expires: April 24, 2008 Porter	County and State, this
Before me, the undersigned, a Notary Public in and for said a 2000, personally appeared the principal named above the voluntary act and deed of the principal, for the uses and part in WITNESS WHEREOF, I have hereunto set my hand and by Commission expires:April 24, 2008 april 24, 2008 april 24, 2008 Commission expires: April 24, 2008	County and State, this
Before me, the undersigned, a Notary Public in and for said of 2000 personally appeared the principal named above the voluntary act and deed of the principal, for the uses and principal in WITNESS WHEREOF, I have hereunto set my hand and by Commission expires: April 24, 2008 Porter Attorney Number 58-45 COPYRIGHT, THE ALLEN CETURAL To: CCLLENSTETZ-	County and State, this // A day of May e, signed this Power of Attorney, and acknowledged the execution of it purposes therein stated. official seal the day and year last above written. Signature Susan D. Peterson , Notary Public O E. U.S. 30, Merrillville, IN 46410, Attorney at Law I COUNTY INDIANA BAR ASSOCIATION, INC. (REV. 12/98, 4/99) - DARGAVAL G AVENUE SOUTH

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