

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.

420003417 LD	OF	
	-	
	ROBERT MACEK PRINCIPAL	
	то	
	RICHARD MACEK	
	ATTORNEY IN FACT	
	made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")	
I, as principal, design	ate and name the person whose name appears above to be my a	ttorney in fact.
real property transact real property transact tangible personal property bond, share, and common banking transactions; business operating transaction	nodity transactions; ocument is ansactions; OT OFFICIAL!	cribing powers, this ith respect to them: [IC 30-5-5-2] [IC 30-5-5-3] [IC 30-5-5-4] [IC 30-5-5-5] [IC 30-5-5-6] [IC 30-5-5-7]
beneficiary transactions; gift transactions; fiduciary transactions; claims and litigation; family maintenance; benefits from military records, reports, and s	y service;	(IC 30-5-5-9) [IC 30-5-5-10] [IC 30-5-5-11] [IC 30-5-5-12] [IC 30-5-5-13]
estate transactions; all other matters. [Note: Though the Sta	No.	#C 30-5-5-14] IIC 30-5-5-15] #IC 30-5-5-17] and
[Note: Though the Sta delegation [IC 30-5-5-18], th power of attorney concerning Any power I do not wis my initials opposite the de	atute grants powers with respect to health care [IC 30-5-5-16 arnis Power of Attorney does not include them. Health care can be provided them.	IC 30-5-5-15] IC 30-5-5-19] IC 30-5-5-17] and wided in a separate ling out and writing
[Note: Though the Sta delegation [IC 30-5-5-18], th power of attorney concerning Any power I do not wis my initials opposite the de	atute grants powers with respect to health care [IC 30-5-5-16 are nis Power of Attorney does not include them. Health care can be pring health care.]  sh to incorporate into this Power of Attorney I have deleted by lireletion. Any power to be modified or added I have modified or added.	IC 30-5-5-15] IC 30-5-5-19] IC 30-5-5-17] and wided in a separate ling out and writing
[Note: Though the State delegation [IC 30-5-5-18], the power of attorney concerning Any power I do not wis my initials opposite the delayer verified by writing my	atute grants powers with respect to health care [IC 30-5-5-16 are nis Power of Attorney does not include them. Health care can be pring health care.]  sh to incorporate into this Power of Attorney I have deleted by lireletion. Any power to be modified or added I have modified or added.	IC 30-5-5-15] IC 30-5-5-19] IC 30-5-5-17] and wided in a separate ling out and writing
[Note: Though the State delegation [IC 30-5-5-18], the power of attorney concerning Any power I do not wis my initials opposite the delegation of Power and in my name those that this Power of Attorney, as for B. Reservation of Power behalf and also to revo	atute grants powers with respect to health care [IC 30-55-16 are nis Power of Attorney does not include them. Health care can be pring health care.]  sh to incorporate into this Power of Attorney I have deleted by lir letion. Any power to be modified or added I have modified or addy initials in the space provided here in the margin].  OF THESE POWERS, I give my attorney in fact power to act on my nings which such attorney deems expedient to and necessary to effoully as I could do for myself.  Tower to Act and to Revoke. I reserve unto myself, however, the oke or amend this Power of Attorney.	IC 30-5-5-15] IC 30-5-5-17] and ovided in a separate ling out and writing ded as follows: [and over the intent of the power to act on my
IN the matters  [Note: Though the State delegation [IC 30-5-5-18], the power of attorney concerning any power I do not wis my initials opposite the delegation of the me and in my name those the this Power of Attorney, as for the behalf and also to revocce. Chapters of Statue Attorney and acts performed Definition [IC 30-5-2]  [Definition [IC 30-5-2]  [Definition [IC 30-5-6]	atute grants powers with respect to health care [IC 30-5-5-16 are his Power of Attorney does not include them. Health care can be prong health care.]  sh to incorporate into this Power of Attorney I have deleted by lireletion. Any power to be modified or added I have modified or added in the space provided here in the margin].  OF THESE POWERS, I give my attorney in fact power to act on my inings which such attorney deems expedient to and necessary to effectly as I could do for myself.  Tower to Act and to Revoke. I reserve unto myself, however, the oke or amend this Power of Attorney.  Interest Also Applicable. The following chapters of the Statute also are dunder it:  Reliance [IC 30-5-3]  Reliance [IC Liabilities [IC Termination]	IC 30-5-5-15] IC 30-5-5-17] and Oyided in a separate sing out and writing ded as follows: [and oy behalf and to do for ectuate the intent of epower to act on my pply to this Power of C 30-5-8] IC 30-5-9]
IN ote: Though the State delegation [IC 30-5-5-18], the power of attorney concerning Any power I do not wis my initials opposite the delegation of the power of attorney my initials opposite the delegation of Power of Attorney, as for the power of Attorney, as for the power of Attorney, as for the power of Attorney and acts performed Definitions [IC 30-5-2]. General Provisions [IC 30-5-6]. Liability of Attorney in fact is highle on the E. Reliance on Power holding institution(s) name	atute grants powers with respect to health care [IC 30-5-5-16 are in Power of Attorney does not include them. Health care can be pring health care.]  sh to incorporate into this Power of Attorney I have deleted by lireletion. Any power to be modified or added I have modi	IC 30-5-5-15] IC 30-5-5-17] and ovided in a separate ling out and writing ded as follows: [and ovided
IN the matters [Note: Though the State delegation [IC 30-5-5-18], the power of attorney concerning any power I do not wis my initials opposite the delegation of the me and in my name those the delegation of Property and acts performed to the delegation of Property and acts performed to the delegation of Property and acts performed to the license [IC 30-5-2]. General Provisions [IC 30-5-6]. Liability of Attorney in fact is highle on E. Reliance on Power holding institution(s) name this Power of Attorney being the state of the state o	atute grants powers with respect to health care [IC 30-5-5-16 are his Power of Attorney does not include them. Health care can be pring health care.]  sh to incorporate into this Power of Attorney I have deleted by lireletion. Any power to be modified or added I have modified or addy initials in the space provided here in the margin].  OF THESE POWERS, I give my attorney in fact power to act on my nings which such attorney deems expedient to and necessary to effectly as I could do for myself.  I were to Act and to Revoke. I reserve unto myself, however, the oke or amend this Power of Attorney.  Interest Also Applicable. The following chapters of the Statute also are dunder it:  Reliance [IC 30-5-3]  Reliance [IC 30-5-3]  Termination mey in Fact. As permitted by IC 30-5-9-5, I, as principal, specifically if my attorney in fact acts in bad faith.  Per of Attorney. In addition to provisions of the Statute regarders.	IC 30-5-5-15] IC 30-5-5-17] and ovided in a separate ling out and writing ded as follows: [and ovided

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I

12.60 E.P

CT

F. Safe Deposit Box. I he	<del>vy a safe deposit by</del>	k, Number		<del>/</del> , ,
at(BANKING INSTITUTION)		(BRANCH)		(CITY)
I give my attorney in fact power	to enter or have acce	ess to that box and to	any other safe deposi	t box in my name
either individually or jointly wit	h any other person.	give the power also	to remove property fro	m such box or add
property to it, and to relocate su				here given are in
addition to those incorporated i	<del>nto this Power of At</del>	<del>torney by reference.</del>	- /	/ /
G. Duration of Power o				
STRIKING ALL INAPPLICABI	LE PROVISIONS: [ii	n <b>case</b> of insufficient	striking, provision a	applies]:
a. This Power of Attorney	<del>, is not terminated l</del>	y my incapacity.		
b. This Power of Attorney	y terminates on	March 1, 2001: (DATE)	at	TIME)
c. This Power of Attorney	v torminatas unon n			
	, whichever fi		(DATE)	
(TIME)				
H. Revocation of Prior F date of this Power of Attorney. R attorney. In case of failure to str	levocation does not a	ffect the validity of		
I. Guardians. If protective	ve/proceedings for A	ny person or for my	estate, or for both, a	re commenced. I
nominate	as goa	rdian of my person,	and	/_//
as guardian of my estate, to ser	ve in each case with	out bond as play be	permitted by law.	
J. Successor Attorney	in Fact. As a su	ccessor to my atto	rney in fact I design	gnate and name
	Sych succe	essor shall become r	ny attorney in fact wi	hen the person(s)
first designated and named has	have failed or cease	i to serve as specifie	d in the Statute, or ha	have decliped to
serve.	his <b>D</b> ocume	ent is the pro	perty of X	<b>/</b>
By giving me written notic				
During a period of my incapacit				
authorized to act under this Pow				Attorney as such
successor or selected by a court			The second secon	
K. Binding Effect. Any a			fact under this Power	of Attorney binds
me and my successors in intere		ovides. March		
Signed this		PALCH	,2090, in2	counterparts,
each of which shall be consider	ed an original.			
Counterpart No.		001	M. 1	
		o Call	Mack	
,		THE DICTION	PRINCIPAL'S SIGNATURE	
	S.	303-40	- 6750 PAL'S SOCIAL SECURITY NUM	40ED
	ES	GG - C	PALS SOCIAL SECURITY NON	IDEN
	~	8925 A	AL'S STREET OR OTHER ADD	RESS
	E	FAIL OUT		
	E		IPAL'S CITY, STATE AND ZIP C	ODE
STATE OF INDIANA		NOIAN ATTE		
) SS				
COUNTY OF LAKE			<del>-</del> /	
Before me, the undersigne	ed, a Notary Public i	n and for said Coun	ty and State, this	Znd
day of March 20	OOO, personally a	ppeared the princip	al named above, sign	
Attorney, and acknowledged the purposes therein stated.	e execution of it, as t	he voluntary act an	d deed of the principal	for the uses and
IN WITNESS WHEREOF,	I have hereunte set :	ny hand and official	Asserber web od these	anti a bassa in midhala
in withess whereor,	I have hereunwser	ny nand and official	sear the day and year i	asterbove written.
		700	OTARY PUBLIC'S SIGNAPUSE	
		UT08	No Dasige	1520 CM 16
	1 1	NOTARY	PUBLIC'S NAME, PRINTED OR	TYPED
My Commission Expires:	19101	Resident of	Zaklin	S County.
wij Commission Dapiles.		IVESIUEIIL VI		"Marchagener"
This instrument prepared by	Richard J. L	esniak, LESNIAK	& ASSOCIATES	Attorney at Law.
		1802 E.	Columbus Drive	
			icago, IN 46312	
		The Alfer Lauring	Richard Bar Association, In	c. (Printed Feb. 1992)

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