Form 19 (Indiana)										
POWER OF ATTORNEY										
1,	JOHN	ME	ZNAB ICK	1235 W	EST BROO	KCT	CR.PT.	2 N	(insert yo	our
namear	d address	s)appoint	JERRY	MEZVA	RICK	226	W 900	<u> </u>		- 45
as my a is define TO AREGE CROSS	ed and de GRANT KANTING	rney-in-fescribed in ONE OR G. TO WIT CH POW	act) to act for me in the Annotated In MORE OF THE FO THHOLD A POWI VER WITHHELD.	ndiana Code, wh DLLOWING POV ER, DO NOT INF	with respectation is incorporated with the with	t to the folloorated by the ALTHE LINE IN FRO	reference herei NE IN FRONT NT OF IT. YOU	i subjects, n: OF EACH JMAY, BU	as each subj I POWER YOUT NEED NO	ject OU OT,
INITIA	LS								LEGAL :	
IN		a.	ALL POWERS	(b THROUGH	p) LISTED	BELOW.		_	OKSIDE	SUB
		b	Real property t	ransactions. (A	Ann. Ind. C	ode § 30-5	i-5-2)	PA	ASE #2	4.6
		C.	Tangible perso	nal property tr	ansactions.	(Ann. In	d. Code § 30-	5-5-3)	3-9-50%	7 - 1:
		d.	Bond, share an				nd. Code § 30	-5-5-4)		
		e.	Banking transa				200 5 5 6)			
		f.	Business opera							
		g. h.	Insurance trans Beneficiary trans					2		
		i.	Gift transaction					000 063982		
		1/	Fiduciary trans					2		
		k.	Claims and liti							
		1.	Family mainter					0		
*******		m.	Benefits from n	nilitary service	. (Ann. Ind	. Code § 3	0-5-5-13)	07		
		n.	Records, report				§ 30-5-5-14)	3		
***********		0.	Estate transacti	•	-			00		
		p.	Health care po	wers. (Ann. In	d. Code §§3	30-5-5-16 a	ind 16-36-1)	N		
describe			Health care power following box:	rs," and wish ye	our agent to	be able to	withdraw or	withhold	health care	as
⊠	withhol prognos such hea such hea or not ir My heal my heal and other	ding of h sis my hea alth care is alth care b astituted, th care re th care re er relevan	health care represent alth care. If at an alth care represent sor would be excesse withheld or with even if death may presentative must be alth care given family and others	ny time based or ative is satisfied isively burdensor drawn and may result. try to discuss the make such a deci s. To the extent a	n my previous that certain Is me, then my consent on noise decision was ion for me, appropriate, i	usly expreshealth care health care health care ny behalf the with me. Heafter consumy health c	sed preference is not or would representative at any or all he owever, if I am Itation with my	s and the not be be may expre alth care b unable to physician	diagnosis a eneficial or the ess mywill the ediscontinu communica n or physicia	nd hat hat led ite, ins
CHECK	ONE OF	THE FO	LLOWING BOXE	S:	Ш					
	This pov	wer of att	orney shall termin	ate upon my dis	ability, inca	pacity or in	competence.	02	.•	
	This pov	ver of atto	rney is effective in	mediately, and s	hall not be af	fected by m	y disability, ind	apacity or	incompeten	ce.
X	This pov	wer of att his <u>84</u>	orney shall termine they is effective in orney will become day of	effective upon i	my disability	, incapacit	y OF INAL ACCEP	da yaxatio Yance for t	N SUBJECT TO RANSFER	
	9	<u> </u>	negar	<u>iih</u>			206570			
	(Your G	~	, 0	*	(Your soc	ial security	number)	7 2000	•	
State of		yana		•			PETED	DEAL		
(County) of	alse		4			LAKECOUN	BENJAMIN	1	
	On this	8th	_day of _M	uch	(name of prin	ncipal), who	LAKE COUN 2000 before o is personally	known to r	ne or provid	ed ed
	Mai	vera	Licenson	as identificat	tion, and ack	nowledge	d that he or she	executed	it.	

Kotary Public

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