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STATE OF INDIANA
POWER OF ATTORNEY
FILED FOR RECORD

2000 SEP 7 11 09 AM '00
David M. Burba
Principal

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



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PETER BENJAMIN
LAKE COUNTY AUDITOR

[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.]

Counterpart No. 1

00164

Initials of DAVID M. BURBA DMB

↓
David M. Dabectin
Attorney At Law
5246 Fohmann Ave suite 302
Hemmond, In. 46320

1600
AC
1015

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 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 Statutes 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 acts in bad faith.

E. Reliance on Power of Attorney. Any holding institution (s) and any banking institution, where I maintain a safe deposit box or any checking, savings or passbook accounts or certificate (s) of deposit, either in my name alone or jointly with another person, 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).

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.

F. Safe Deposit Box. I give my attorney in fact power to enter or have access to any 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 added property to it, and to relocate such box within banking institution or at another. Powers here given are addition to those incorporated into this Power of Attorney by reference.

Counterpart No. 1

Initials of DAVID M. BURBA _____

G. Duration of Power of Attorney. This Power of Attorney is not terminated by my incapacity.

H. Revocation of Prior powers. I 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 Judy Diane Burba as guardian of my person, and as guardian of my estate, to serve in each case without bond as may be permitted by law.

J. Successor Attorney in Fact. As successor to my attorney in fact I designate and name Joseph Burba. Such successor 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 a 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 21st day of August, 2000, in Five counterparts, each of which shall be considered an original.



David M. Burba
141 142nd Street
Hammond, Indiana 46327
SS# 403-82-0631

Counterpart No. 1

Initials of DAVID M. BURBA _____

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 21 day of August 2000, 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.

Document is NOT OFFICIAL!
David Dabertin
NOTARY PUBLIC'S SIGNATURE
This Document is the property of the Lake County Recorder!

David Dabertin
NOTARY PUBLIC'S NAME

My Commission Expires: 10-12-2006 Resident of Lake County, Indiana

This instrument prepared by David Dabertin, 5246 Hohman Avenue, Hammond, Indiana 46320, Attorney at Law.



Counterpart No. 1
Initials of DAVID M. BURBA _____