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**

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MATTHEW ZIVICH SR.

MORRIS W. CARTER RECORDER

PRINCIPAL

MARY ELLEN KOWALSKY

## ATTORNEY IN FACT

TO

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:

	into porates into it the powers here listed and confers general outbout	ing powers
	real property transactions;	y with respect to t
	tangible personal property transactions;	[IC 30-5-5-2]
<b>~</b> ~	bond, snare, and commodity transactions.	[IC 30-5-5-3]
J. 13	banking transactions; business operating transactions:	[IC 30-5-5-4]
U	business operating transactions;	[IC 30-5-5-5]
	Incurrence the same of	[IC 30-5-5-6]
	beneficiary transactions; gift transactions:	[IC 30-5-5-7]
	gift transactions;	[IC 30-5-5-8]
	C1 Chic Doorsmont is the assessment of	[IC 30-5-5-9]
	claims and litigation; family maintenance; benefits from military consists	[IC 30-5-5-10]
	family maintenance; LAKE COUNTY ALDITOR	[IC 30-5-5-11]
	benefits from military service;	[IC 30-5-5-12]
	records, reports, and statements;	[IC 30-5-5-13]
	estate transactions;	[IC 30-5-5-14]
	all other matters.	[IC 30-5-5-15]
	[Note: Though the Statute grants powers with respect to health and IVC on T. T.	[IC 30-5-5-19]
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[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 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 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):

The state of the s	livered, to such person(s).	8 smanging
Holding Institution  Citizens & Federal  Matternal Banks  Fremans Credit Union  All other persons to whom this Power of All	g Type of Account	1010-103287-7 1-05-014-916-8 006539067 51 40

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.

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**RONGENER METUTION**  **We my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name wher individually or jointly with any other person. I give the power also to remove property from such box or add her individually or jointly with any other person. I give the power also to remove property from such box or add her person in the parking in stitution or at another. Powers here given are in distinct to those incorporated into this Power of Attorney by reference.  **G. Duration of Power of Attorney.**  **G. Duration of Power of Attorney.**  **G. Duration of Power of Attorney.**  **G. This Power of Attorney is not terminated by my incapacity.**  **EXTENSIANCE TO ATTORNEY AND	F. Safe Deposit Box. I have a safe depos		(CITY)
ner individually or jointly within the banking institution or at another. Powers here given are in pitton to those incorporated into this Power of Attorney by reference.  G. Duration of Power of Attorney. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY RIKING ALL INAPPLICABLE PROVISIONS: in case of insufficient striking, provision a appliesi:  a. This Power of Attorney is not terminated by my incapacity.  KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(BANKING INSTITUTION)	(BRANCH)	fe deposit box in my name
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**EXECUTION OF PIOR POWERS. I do MXNOXISTRIKE ONE) revoke all powers of attorney I signed before the tee of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power otherwey. 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, miniate MARY ELLEN KOWALSKY as guardian of my person, and MARY ELLEN KOWALSKY as guardian of my person, and MARY ELLEN KOWALSKY.  Such successors to my attorney in fact I designate and name of the compact of the	a. This Power of Attorney is not termin	nated by my incapacity. NOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
the of this Power of Attorney, Revocation use of some to strike, prior powers are revoked.  I. Guardians, If protective proceedings for my person or for my estate, or for both, are commenced, minate MARY ELLEN KOWALSKY as guardian of my person, and MARY ELLEN KOWALSKY as guardian of my person, and MARY ELLEN KOWALSKY as guardian of my estate, to serve in each case without bond as may be permitted by law.  Such successor to my attorney in fact I designate and name Arries Carries and mand has/have failed or ceased to serve as specified in the Statute, or has/have declined the reve.  By giving me written netice while I am not incapacitated, my attorney in fact may resign or decline to serve using a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact buthorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as successors 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 bine me and my successors in interest, as the Statute provides.  Signed this	C. XKKYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KAN KKK NKAKX	(DATE)
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Successor Attorney in Fact. As a successor that they actively actively in fact when the persons first designated and named has/have failed or cased to serve as specified in the Statute, or has/have declined the erve.  By giving me written netice 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 until not under this Power of Attorney, whether designated and named in this Power of Attorney as 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 bind me and my successors in interest, as the Statute provides.  Signed this	ominate MARY ELLEN KOWALSKI guardian of my estate, to serve in each case	se without bond as may be permitted by	oy law. ct. I designate and name
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Signed this	IZ Dinding Effort Any act or thing po	erformed by my attorney in fact under	
STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this	Signed this day of _A	UGUST , 198 –	in <u>two</u> counterpart
PRINCIPAL SIGNATURE  PRINCIPAL SOCIAL SECURITY NUMBER  1312 W. 143 rd  PRINCIPAL'S STREET OR OTHER ADDRESS  East Chicago, Indiana 46312  PRINCIPAL'S CITY, STATE AND ZIP CODE  STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this 3rd  day of March 1995, personally appeared the principal named above, signed this Power Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses a purposes therein stated.  IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above writted and Moore NOTARY PUBLIC'S SIGNATURE  March 17, 1998 Resident of Lake County and State, this 3rd State and Jack State	each of which shall be considered an origina	al.	
STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this	Counterpart No.	Matthew	SIGNATURE
STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this3rd  day of		312-10-505 PRINCIPAL'S SOCIAL	SECURITY NUMBER
STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this3rd  day ofMarch, 199 5, personally appeared the principal named above, signed this Power Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses a purposes therein stated.  IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above writted and Moore		1312 W. 143rd	OR OTHER ADDRESS
STATE OF INDIANA  SS.  COUNTY OF LAKE  Before me, the undersigned, a Notary Public in and for said County and State, this3rd  Before me, the undersigned, a Notary Public in and for said County and State, this3rd  March		East Chicago, Indi	ana 46312
Before me, the undersigned, a Notary Public in and for said County and State, this3rd	CONTROL OF INDIANA	WOIANA LILLING	
Before me, the undersigned, a Notary Public in and for said County and State, this	) SS.		
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My Commission Expires: March 17, 1998 Resident of Lake Cou  This instrument prepared by BURTON A. PADOVE , Attorney at I	purposes therein stated. IN WITNESS WHEREOF, I have here	ounto set my hand and official seal the d	ay and year last above writt
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My Commission Expires: March 17, 1998 Resident or		Jane Moore  NOTARY PUBLIC'S NA	
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