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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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LAKE COUNTY)
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POWER OF ATTORNEY

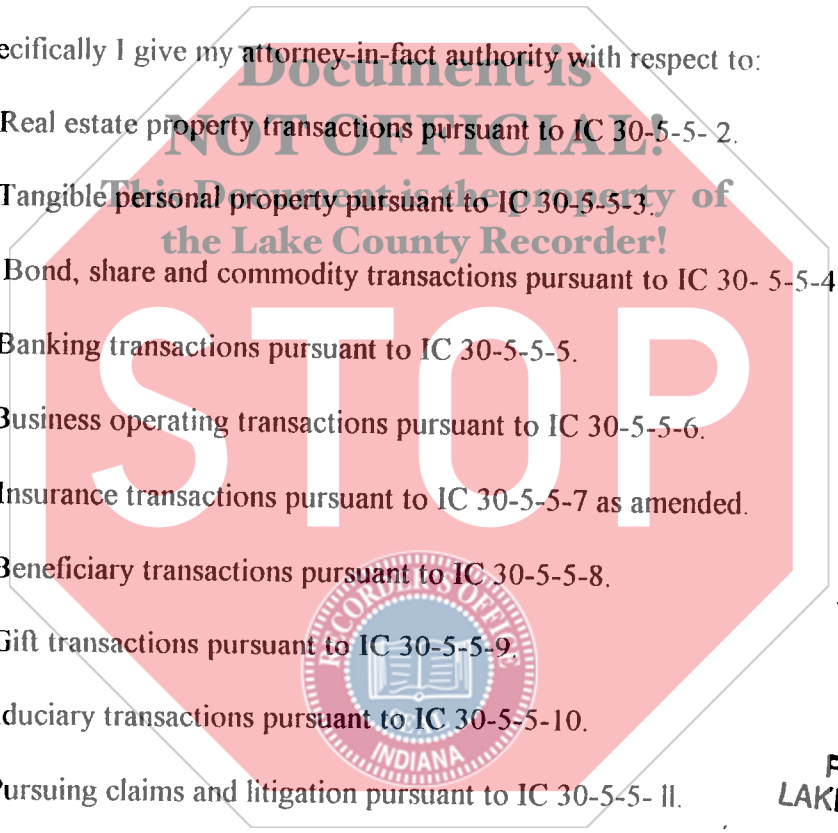
MORRIS W. CARTER
RECORDER

BY THIS POWER OF ATTORNEY, I, **Eleanore Talarek**, name an Attorney-in-fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future. I hereby revoke any powers of attorney executed by me prior to the date of this power of attorney. Indiana Code is hereinafter referred to as "IC".

1. As my attorney-in-fact, I name my son, **Eugene Talarek**, whose address is: 9143 90th Court, St. John, Indiana 46373 and whose phone number is (219) 365-4019.
2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.
3. This power of attorney shall be effective as of the date I have signed it.
4. I give to my attorney-in-fact, the powers specified in this section to be used on my behalf,

Specifically I give my attorney-in-fact authority with respect to:

- A. Real estate property transactions pursuant to IC 30-5-5-2.
- B. Tangible personal property pursuant to IC 30-5-5-3.
- C. Bond, share and commodity transactions pursuant to IC 30-5-5-4.
- D. Banking transactions pursuant to IC 30-5-5-5.
- E. Business operating transactions pursuant to IC 30-5-5-6.
- F. Insurance transactions pursuant to IC 30-5-5-7 as amended.
- G. Beneficiary transactions pursuant to IC 30-5-5-8.
- H. Gift transactions pursuant to IC 30-5-5-9.
- I. Fiduciary transactions pursuant to IC 30-5-5-10.
- J. Pursuing claims and litigation pursuant to IC 30-5-5-11.
- K. Family maintenance pursuant to IC 30-5-5-12.
- L. Benefits from military service pursuant to IC 30-5-5-13.
- M. Records, reports and statements pursuant to IC 30-5-5-14.



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PETER BENJAMIN
LAKE COUNTY AUDITOR

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Chicago Title Insurance Company

- N. Estate transactions pursuant to IC 30-5-5-15.
- O. General authority with respect to health care pursuant to IC 30-5-5-16.
- P. Power to withdraw or withhold health care pursuant to IC 30-5-5-17.
- Q. Delegation of authority pursuant to IC 30-5-5-18.
- R. All other matters pursuant to IC 30-5-5-19.

5. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.

6. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

August
Date ~~July~~ 08, 2000

Eleanore Talarek

Eleanore Talarek
SS #:

STATE OF INDIANA

COUNTY OF LAKE

Document is NOT OFFICIAL!
) SS:
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This Document is the property of the Lake County Recorder!
The undersigned, a Notary Public, residing in Lake County, Indiana, certifies and witnesses that the above-signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

Date: *August 8*, 2000

Marilyn K Repp
Marilyn K Repp

Notary Public
Resident of LAKE Co.
my Commission Expires: 9-13-2000



*This instrument prepared by: William A. Kowalski, Attorney at Law
Indiana Attorney Number: 5325-45*

LEGAL DESCRIPTION

Lot 8, Block 5, LaSalle Addition to Hammond, as per plat thereof recorded in Plat Book 14 page 28, in the Office of the Recorder of Lake County, Indiana.

