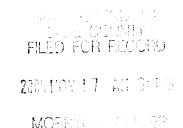
STATE OF INDIANA

COUNTY OF LAKE

2004 097436



DURABLE POWER OF ATTORNEY

In the event of my incapacitation, I, THADDEUS PIASKOWSKI, of the County of Lake, State of Indiana, do hereby constitute and appoint my daughter, Marlene Piat, of the County of Cook, State of Illinois, as my true and lawful attorney-in-fact, for me and in my name, place and stead, to take all lawful means deemed desirable by my said attorney-in-fact to enforce my rights or to protect my property, including the institution, prosecution, compromise and settlement of legal proceedings, in my name or otherwise; and generally to transact any and all business for me of any kind or nature whatsoever, to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in matters affecting my business or property and with the same force and effect as though I were personally present and acting for myself; I hereby ratify and confirm all that my said attorney-in-fact shall do by virtue hereof.

This Power of Attorney includes the authorization, right and power to withhold, withdraw and/or terminate any and all life support systems which would artificially prolong my death, which would otherwise occur within a short period of time due to an incurable injury, disease, or illness.

ocument This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time (Indiana Code § 30-2-11-1). This Document is the property of IN WITNESS WHEREOF, I hereunto set my hand and seal this Wenker, 2004. THADDEUS PIASKOWSKI SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for said County and State, , 2004..... (Printed Name of Notary Public) My County of Residence: My Commission Expires:

This document prepared by Joseph Stalmack, Joseph Stalmack & Associates, P.C., 5253 Hohman Avenue, Hammond, Indiana 46320, Telephone 219-937-3700. 3/6/2

m.piat.poa