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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 053908 ILLINOIS STATUTORY SHORT FORM  
POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE ADDENDUM ATTACHED HERETO) THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 20 day of June, 2005,  
(month) (year)

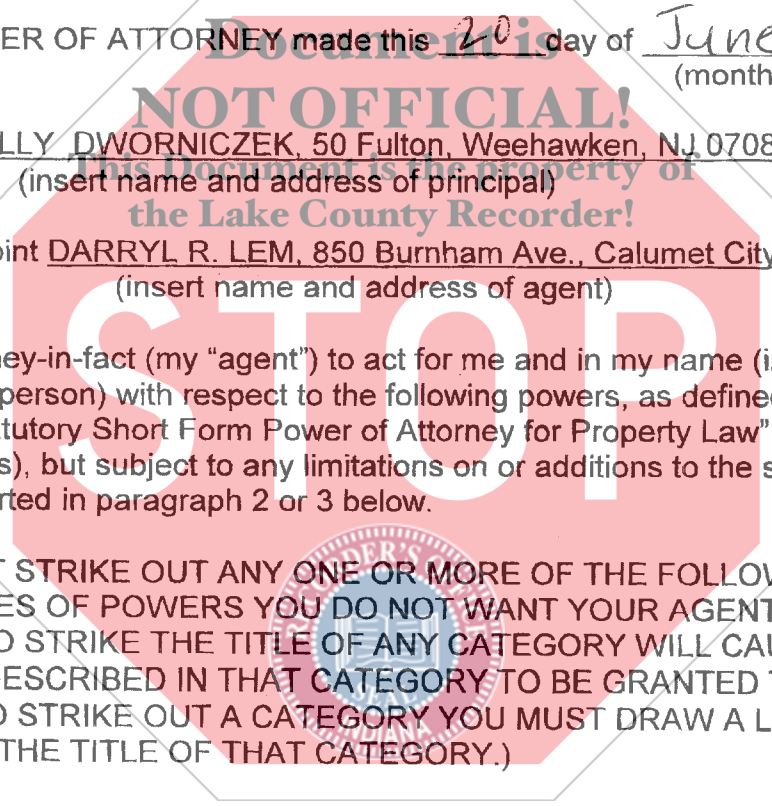
1. I, KELLY DWORNICZEK, 50 Fulton, Weehawken, NJ 07086  
(insert name and address of principal)

hereby appoint DARRYL R. LEM, 850 Burnham Ave., Calumet City, IL 60409  
(insert name and address of agent)

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below.

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- (a) Real estate transactions
- (b) ~~Financial institution transactions -~~
- (c) ~~Stock and bond transactions -~~
- (d) ~~Tangible personal property transactions -~~
- (e) ~~Safe deposit box transactions -~~
- (f) ~~Insurance and annuity transactions~~
- (g) ~~Retirement plan transactions~~



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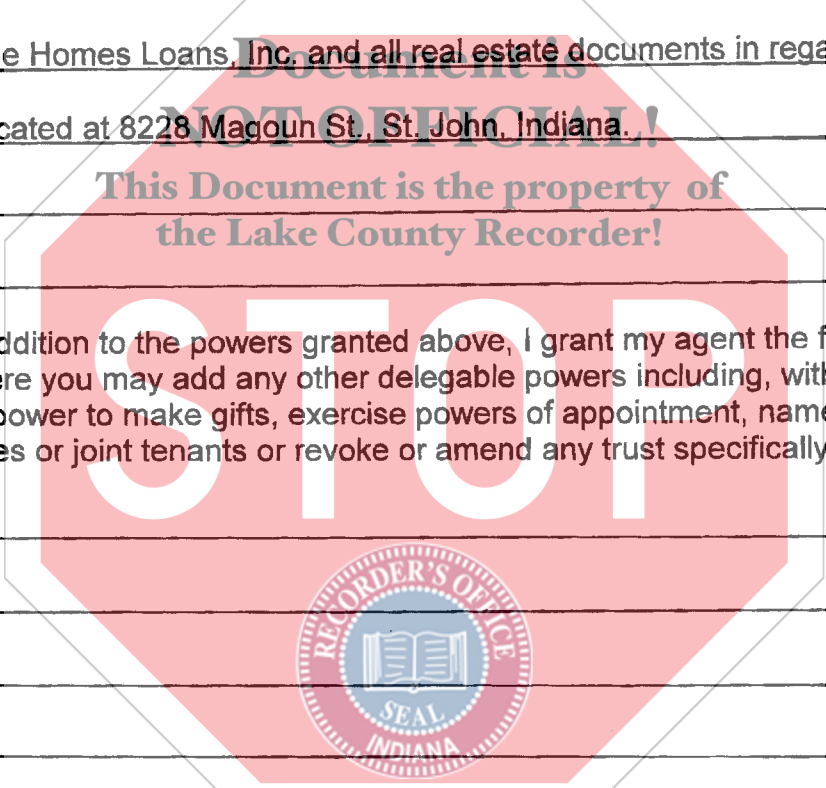
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- ~~(h) -- Social Security, employment and military service Benefits~~
- ~~(i) -- Tax matters~~
- ~~(j) -- Claims and litigations~~
- ~~(k) -- Commodity and option transactions~~
- ~~(l) -- Business operations~~
- ~~(m) -- Borrowing transactions~~
- ~~(n) -- Estate transactions~~
- ~~(o) -- All other property powers and transactions~~

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

2. The powers granted above shall include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

The power to execute the Note, Mortgage and any other documents with  
Countrywide Homes Loans, Inc. and all real estate documents in regard to the  
property located at 8228 Macoun St., St. John, Indiana.



3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE

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POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this Power of Attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this Power of Attorney.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:

6. (X) This Power of Attorney shall become effective on date of execution.  
(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect).

7. (X) This Power of Attorney shall terminate on date of death.  
(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

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8. If any agent named by me shall die, become legally disabled, resign, refuse to act, or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME(S) OF SUCH GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTEREST AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

(insert name and address of nominated guardian of the person)

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

DARRYL R. LEM, 850 Burnham Ave., Calumet City, IL 60409

(insert name and address of nominated guardian of the estate)

11. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

12. My initials below this paragraph shall indicate my specific wish and desire to revoke all Powers of Attorney for Property or other Durable Powers of Attorney for Property heretofore made by me.

Initialed DL

Signed [Signature]

(Principal)



(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURE IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen Signatures of Agent (and Successors)

I certify that the signatures of my Agent (and Successors) are Correct.

\_\_\_\_\_  
(agent)

\_\_\_\_\_  
(principal)

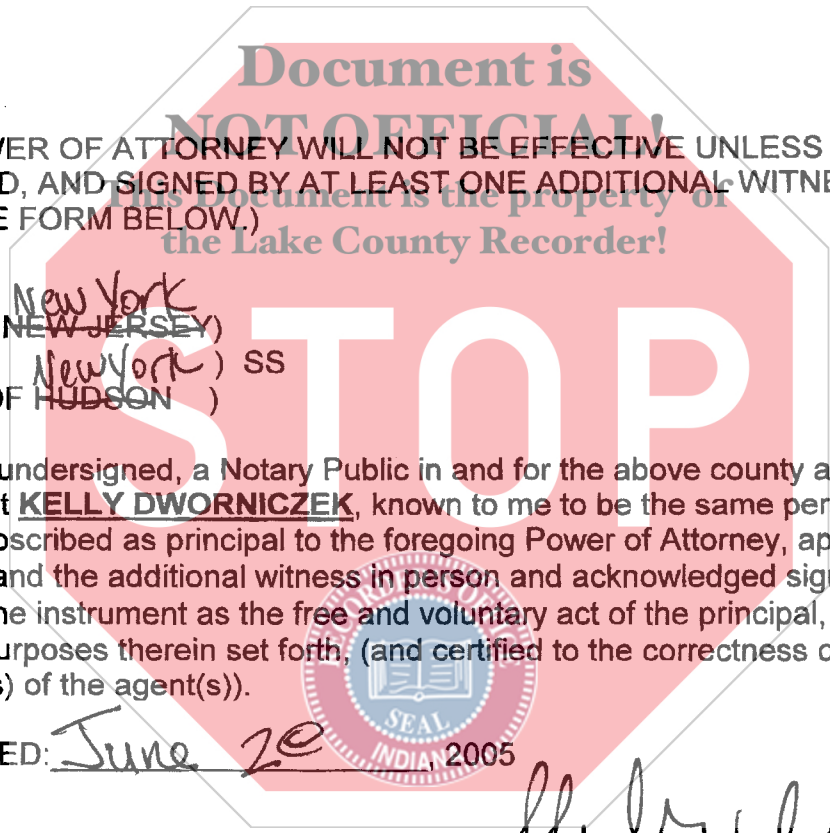
\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS USING THE FORM BELOW.)



STATE OF <sup>New York</sup> ~~NEW JERSEY~~  
COUNTY OF <sup>New York</sup> ~~HUDSON~~ ) SS

The undersigned, a Notary Public in and for the above county and state, certifies that **KELLY DWORNICZEK**, known to me to be the same person whose name is subscribed as principal to the foregoing Power of Attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, (and certified to the correctness of the signature (s) of the agent(s)).

DATED: June 20 2005

(SEAL)

[Signature]  
NOTARY PUBLIC

My Commission Expires: 8-29-05

**SHELBY K. ULAN**  
Notary Public, State of New York  
No. 02UL602723  
Qualified in New York County  
Commission Expires 8-29-05

The undersigned witness certified that **KELLY DWORNICZEK**, known to me to be the same person whose name is subscribed as principal to the foregoing Power of Attorney, appeared before me and the Notary Public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

DATED 6/20/2005 (SEAL) *Danielle L. Lewis*  
Witness

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE THE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)



This document was prepared by:

DARRYL R. LEM  
ATTORNEY AT LAW  
850 BURNHAM AVENUE  
P. O. BOX 1245  
CALUMET CITY, ILLINOIS 60409  
(708) 862-5800