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Key# 30-370-5

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

OF

MAGDALINA CIRICH

PRINCIPAL

TO

CINDY COX

Document is NOT OFFICIAL! ATTORNEY IN FACT

This Document is the property of the Lake County Recorder! made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

2006 009028

2006 FEB - 3 PM 2:51

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

MICHAEL A. BROWN RECORDER

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]



FILED

FEB 03 2006

PEGGY HOLLINGA KATONA 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.]

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].

n/a

\$16 ES CM

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.

M C.

002401

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]	Reliance [IC 30-5-8]
General Provisions [IC 30-5-3]	Liabilities [IC 30-5-9]
Duties [IC 30-5-6]	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)

Holding Institution	Type of Account	Account Number
_____	_____	_____
_____	_____	_____

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 \_\_\_\_\_ County, State of Indiana.

F. **Safe Deposit Box.** I have a safe deposit box, Number \_\_\_\_\_ at \_\_\_\_\_

(BANKING INSTITUTION)

(BRANCH)

(CITY)

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

G. **Duration of Power of Attorney.**

This Power of Attorney is not terminated by my incapacity.

H. **Revocation of Prior Powers.** I do/do not [strike one] 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 Cindy Cox 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 a successor to my attorney in fact I designate and name N/A. 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 such 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.

*M. C.*

Signed this 11 day of JANUARY, 2006, in Lake IN counterparts, each of which shall be considered an original. Counterpart No.

[Signature]  
PRINCIPAL'S SIGNATURE

313-46-3251  
PRINCIPAL'S SOCIAL SECURITY NUMBER

3909 Fir Street  
PRINCIPAL'S STREET ADDRESS

EAST Chicago, IN 46312  
PRINCIPAL'S CITY, STATE AND ZIP CODE

STATE OF INDIANA )  
                                  ) SS.  
COUNTY OF            )

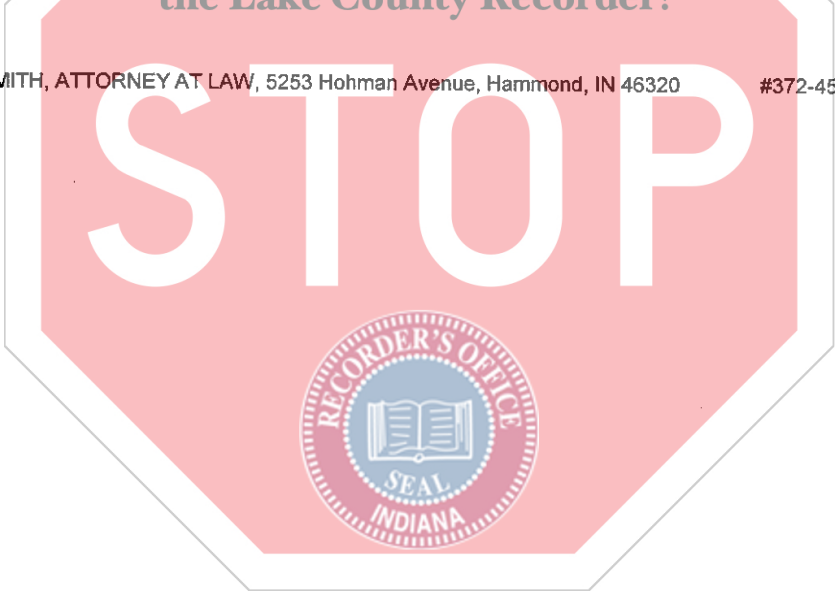
The undersigned, a Notary Public in and for the above County and State, residing in Lake County, Indiana certifies that the above signed individual, who is personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: 1/11/06

My Commission Expires: 11/30/06

**NOT OFFICIAL!**  
[Signature]  
NOTARY PUBLIC  
Resident of Lake County, IN  
This Document is the property of the Lake County Recorder!

PREPARED BY: C. JEROME SMITH, ATTORNEY AT LAW, 5253 Hohman Avenue, Hammond, IN 46320 #372-45



M. C.

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration


This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

CINDY COX  
Printed Name of Declarant