

POWER OF ATTORNEY

of

LORRAINE TRACZYK

to

TIMOTHY F. KELLY

2006 010578

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620059336

The undersigned hereby nominates, constitutes and appoints Timothy F. Kelly who resides in Munster, Indiana, as my true and lawful attorney-in-fact to do and perform in my name the following:

Pursuant to IC § 30-5-5-10: Conferring general authority with respect to fiduciary transactions - Negotiate and sign any and all documents relating to the Estate of Rose Sefchik, Lake Superior Court, Cause Number 45D01-0405-ES-00074.

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns, and legal representatives.

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Miscellaneous Records of Lake County, State of Indiana. This Power shall not be affected by my incompetency. If not revoked as aforesaid, the powers given my attorney-in-fact shall automatically terminate on disbursement of the check, and this instrument shall become null and void.

Signed this 15th day of August, 2005 before the person named below as witness, who has duly witnessed my signature of this instrument with 1 counterpart, each of which shall be considered an original.

Counterpart No. 1.



Lorraine Traczyk
LORRAINE TRACZYK, Grantor

310-42-7744

Grantor's Social Security No.

002662

1956 Hamann Court, Whiting, Indiana 46394

Grantor's Address

FILED

FEB 08 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

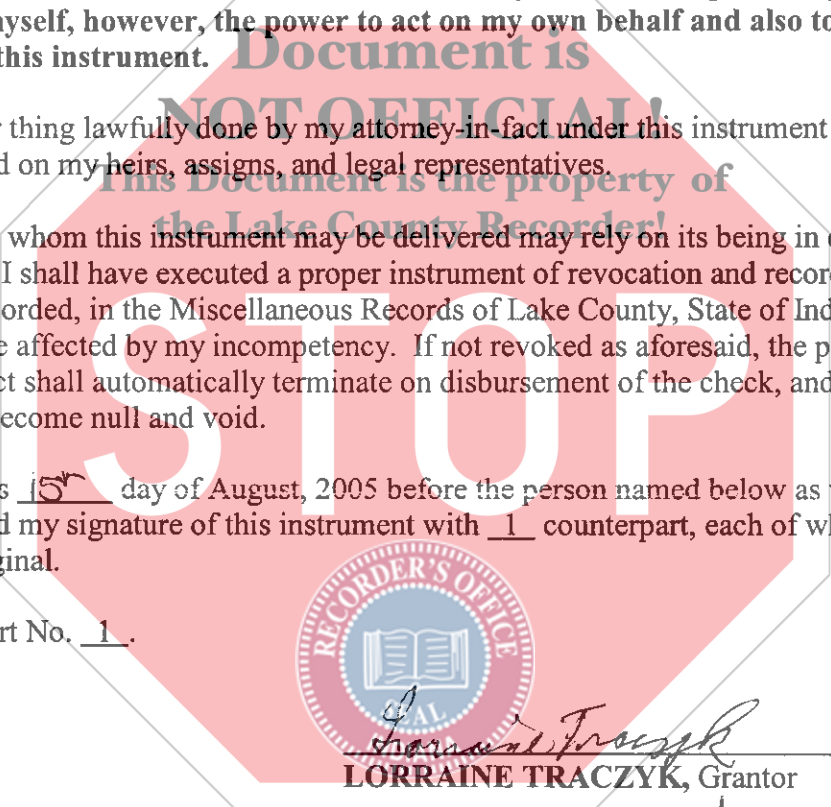
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EP
CT

CHICAGO TITLE INSURANCE COMPANY

MICHAEL A. FROMM
RECORDER

2006 FEB - 9 AM 9:11

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 15th day of August, 2005, personally appeared the Grantor named above, and acknowledged the execution of the above instrument to be his voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Lynn M. Shively
Lynn M. Shively, Notary Public

My Commission Expires: 3-14-09 County of Residence: Lake

This instrument prepared by Timothy F. Kelly, Attorney at Law, Law Offices of Timothy F. Kelly & Associates, 202 Joliet Street, Suite 2A, Dyer, Indiana 46311.



DECLARATION

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under 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 numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

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

