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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 018236

2006 MAR - 3 PM 4: 09

MICHAEL A. BROWN  
RECORDER

## Durable Power of Attorney

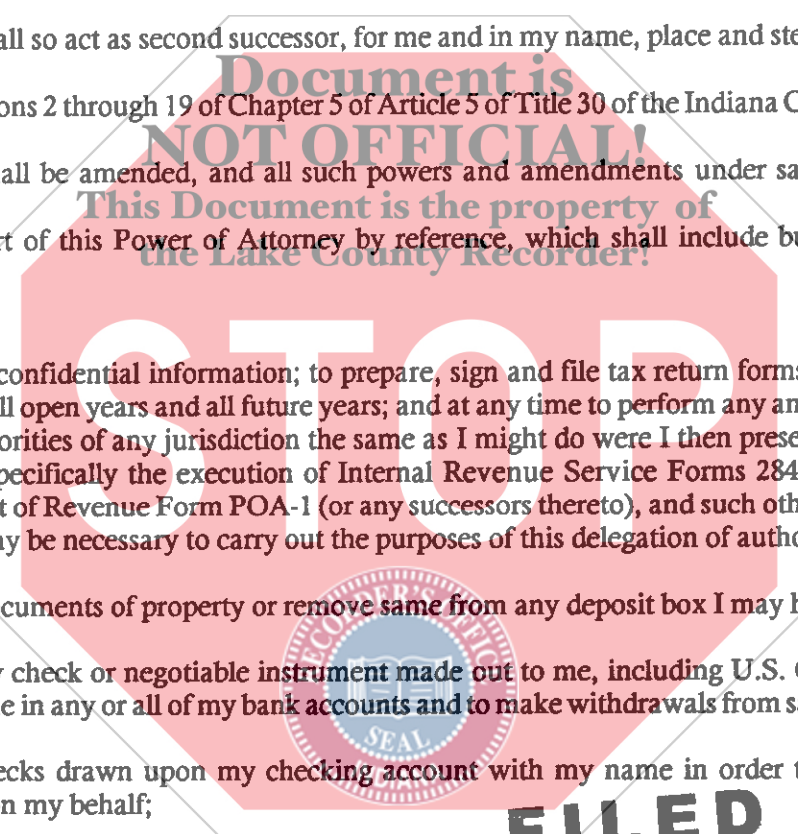
KNOW ALL MEN BY THESE PRESENTS, that I, FRANK A. PAJDA, of Hammond, Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint my wife, NORMA G. PAJDA, of Hammond, Lake County, Indiana, as my true and lawful Attorney-in-Fact, or if she is unable to act for any reason, my sister, JOAN ZIARKO, of Oak Lawn, Cook County, Illinois, shall so act as successor, or if she is unable to act for any reason, my step-son, ANDREW R. HAUTER, of Lockport, Will County, Illinois, shall so act as second successor, for me and in my name, place and stead to exercise all powers granted under Sections 2 through 19 of Chapter 5 of Article 5 of Title 30 of the Indiana Code, as currently in force and as the same shall be amended, and all such powers and amendments under said Chapter 5 are hereby incorporated as part of this Power of Attorney by reference, which shall include but are not limited to the following:

To receive confidential information; to prepare, sign and file tax return forms 1040, 1040X, IT40 and IT40X for all open years and all future years; and at any time to perform any and all other acts before the taxing authorities of any jurisdiction the same as I might do were I then present and competent to act, including specifically the execution of Internal Revenue Service Forms 2848 and 8821, the Indiana Department of Revenue Form POA-1 (or any successors thereto), and such other authorizations and/or forms as may be necessary to carry out the purposes of this delegation of authority;

To place documents of property or remove same from any deposit box I may have;

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name;

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf;



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MAR - 3 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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CK# 67988  
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To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter;

To make and complete gifts of my property or assets to any one or more of my lineal descendants in such amounts and manner, including outright or in trust, as to qualify for the present interest annual exclusion from taxable gifts under Section 2503 of the Internal Revenue Code of 1986, as amended;

To transfer assets or property or property interests which are titled in my name to the Trustee or Trustees of any revocable trust created by me during my lifetime to be held, administered, managed, and distributed pursuant to the terms of such revocable trust;

To apply for Letters of Guardianship for and on my behalf and to act as my Guardian in connection with any matter or matters which for any reason require a guardianship or protective proceeding.

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt her/him from any personal liability so long as she/he shall use that degree of care which reasonable people would use with their own property;

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than its ordinary legal liability when dealing directly with me; and,

I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted; no person, firm or corporation need inquire into any action of or authority assumed by the successor Attorney-in-Fact hereunder. This Power of Attorney may be revoked only by a written instrument of revocation that identifies the Power of Attorney revoked and is signed by the principal. A revocation is not effective unless the attorney-in-fact or other person relying on the Power of Attorney has actual knowledge of the revocation.

Giving and granting unto my said Attorney full power to do every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment, application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this, the 1st day of November, 2004.

*Frank A. Pajda*  
FRANK A. PAJDA

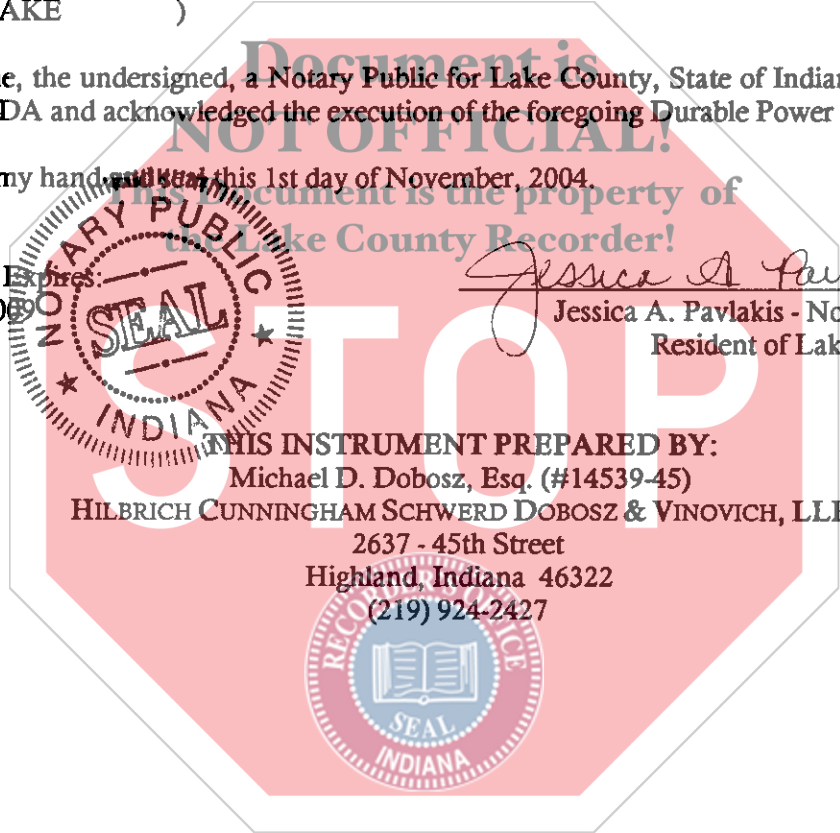
STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared FRANK A. PAJDA and acknowledged the execution of the foregoing Durable Power of Attorney.

Witness my hand and seal on this 1st day of November, 2004.

My Commission Expires:  
09/13/2009

*Jessica A. Pavlakis*  
Jessica A. Pavlakis - Notary Public  
Resident of Lake County



THIS INSTRUMENT PREPARED BY:  
Michael D. Dobosz, Esq. (#14539-45)  
HILBRICH CUNNINGHAM SCHWERD DOBOSZ & VINOVIK, LLP  
2637 - 45th Street  
Highland, Indiana 46322  
(219) 924-2427

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.



*First Financial Bank*  
*By: Deborah Rolio AVP+JO*  
Signature of Declarant

DEBORAH ROLIO  
Printed Name of Declarant