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NOTARY PUBLIC
LAKE COUNTY

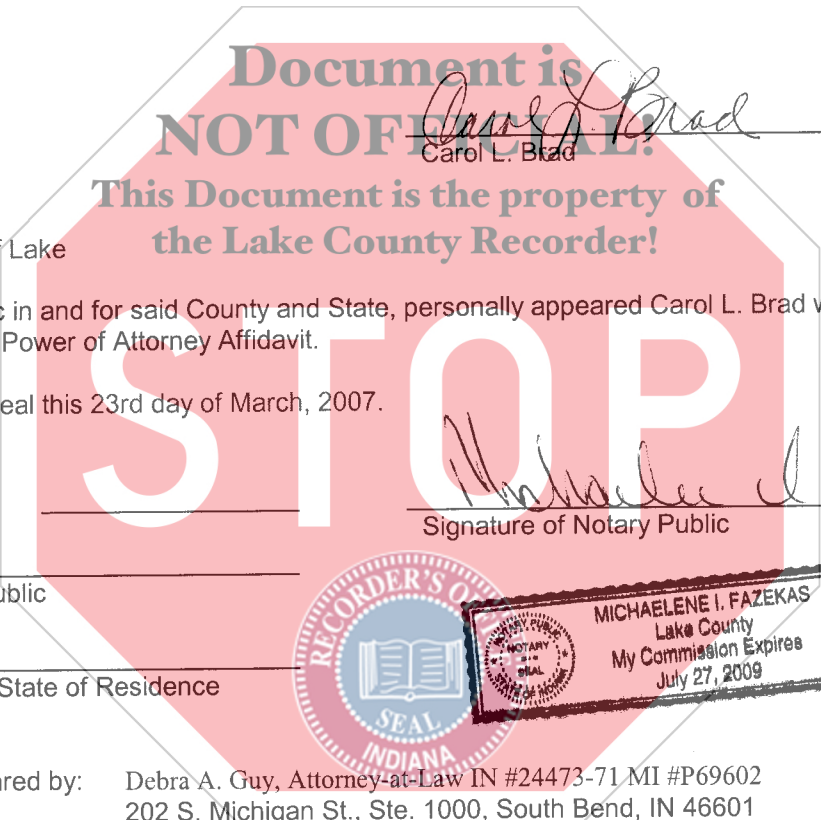
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POWER OF ATTORNEY AFFIDAVIT

Carol L. Brad, being first duly sworn upon oath deposes and says that:

1. That I am acting for and on behalf of Maria Maldarescu, who has exercised a Power of Attorney unto me.
2. That a copy of the said Power of Attorney is attached hereto as "Exhibit A".
3. That the aforementioned Power of Attorney has not been revoked or extinguished by subsequent instrument or declaration or by the terms and conditions of the empowering instrument or by operation of law.
4. That the principal is alive, competent, of majority, and in all other manners capable of functioning on their own behalf.

The affiant further saith not.



Carol L. Brad

Carol L. Brad

State of Indiana, County of Lake

Before me, a Notary Public in and for said County and State, personally appeared Carol L. Brad who acknowledged the execution of the foregoing Power of Attorney Affidavit.

WITNESS, my hand and seal this 23rd day of March, 2007.

My Commission Expires: _____

Michaele I. Fazekas

Signature of Notary Public

Printed Name of Notary Public _____

Notary Public County and State of Residence _____



This instrument was prepared by: Debra A. Guy, Attorney-at-Law IN #24473-71 MI #P69602
202 S. Michigan St., Ste. 1000, South Bend, IN 46601
1411lk07 mf

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

[Name] *Michaele I. Fazekas*

NOTE: The individual's name in affirmation statement may be typed, hand written or a signature.

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HOLD FOR MERIDIAN TITLE CORP

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FILED

APR 03 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

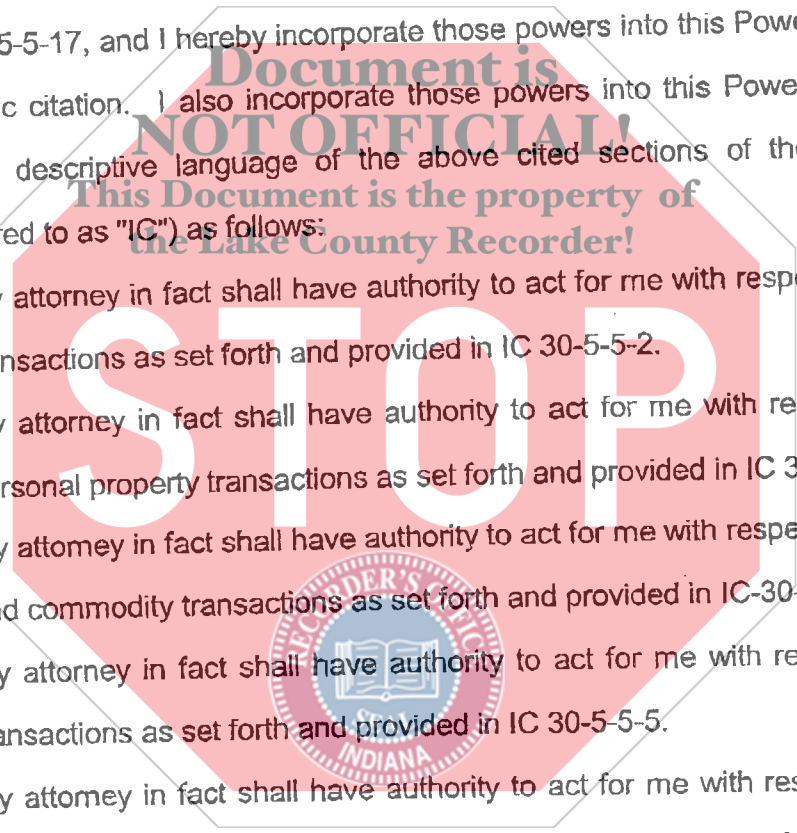
POWER OF ATTORNEY

I, MARIA MALDARESCU of Lake County, Indiana, hereby appoint my sister-in-law, CAROL L. BRAD, acting independently, as my attorney in fact, to do and perform for me and in my name the acts and things more specifically described in Article I of this Power of Attorney (hereinafter referred to as "instrument" or "Power of Attorney"), all subject to the terms and conditions of Article II through and including Article V of this Power of Attorney.

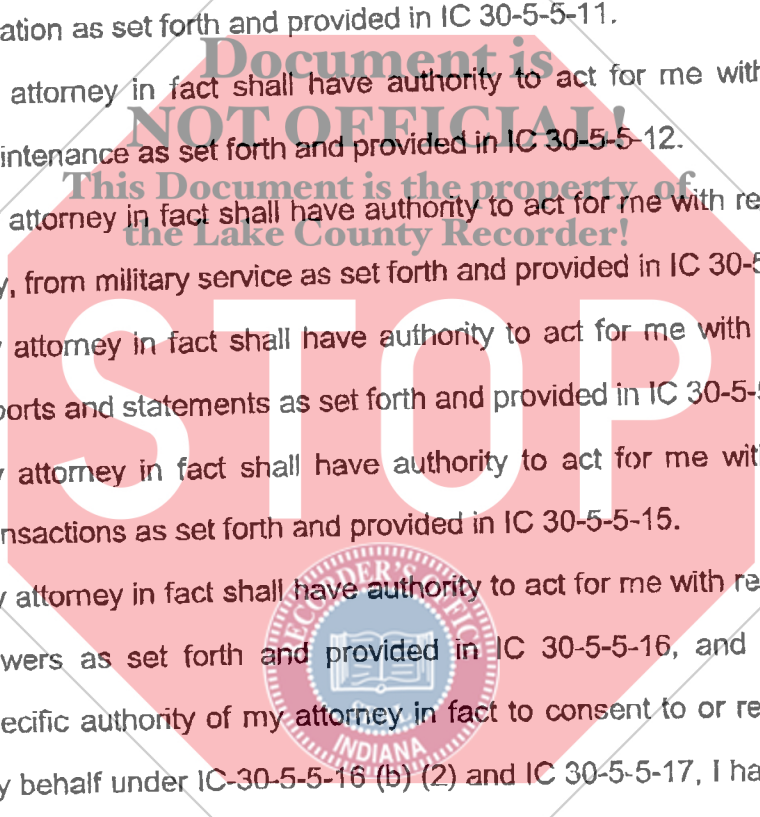
ARTICLE I
Grant of Powers

A. I grant to my said attorney in fact (hereinafter called "attorney in fact") the power to act for me as set forth and provided in Indiana Code 30-5-5-2 to and including Indiana Code 30-5-5-17, and I hereby incorporate those powers into this Power of Attorney by the above specific citation. I also incorporate those powers into this Power of Attorney by reference to the descriptive language of the above cited sections of the Indiana Code (hereinafter referred to as "IC") as follows:

1. My attorney in fact shall have authority to act for me with respect to real estate transactions as set forth and provided in IC 30-5-5-2.
2. My attorney in fact shall have authority to act for me with respect to tangible personal property transactions as set forth and provided in IC 30-5-5-3.
3. My attorney in fact shall have authority to act for me with respect to bond, share and commodity transactions as set forth and provided in IC-30-5-5-4.
4. My attorney in fact shall have authority to act for me with respect to banking transactions as set forth and provided in IC 30-5-5-5.
5. My attorney in fact shall have authority to act for me with respect to business operating transactions as set forth and provided in IC 30-5-5-6.



6. My attorney in fact shall have authority to act for me with respect to business operating transactions as set forth and provided in IC 30-5-5-7.
7. My attorney in fact shall have authority to act for me with respect to beneficiary transactions as set forth and provided in IC 30-5-5-8.
8. My attorney in fact shall have authority to act for me with respect to gift transactions as set forth and provided in IC 30-5-5-9.
9. My attorney in fact shall have authority to act for me with respect to fiduciary transactions as set forth and provided in IC 30-5-5-10.
10. My attorney in fact shall have authority to act for me with respect to claims and litigation as set forth and provided in IC 30-5-5-11.
11. My attorney in fact shall have authority to act for me with respect to family maintenance as set forth and provided in IC 30-5-5-12.
12. My attorney in fact shall have authority to act for me with respect to benefits, if any, from military service as set forth and provided in IC 30-5-5-13.
13. My attorney in fact shall have authority to act for me with respect to records, reports and statements as set forth and provided in IC 30-5-5-14.
14. My attorney in fact shall have authority to act for me with respect to estate transactions as set forth and provided in IC 30-5-5-15.
15. My attorney in fact shall have authority to act for me with respect to health care powers as set forth and provided in IC 30-5-5-16, and in reference to the specific authority of my attorney in fact to consent to or refuse health care on my behalf under IC-30-5-5-16 (b) (2) and IC 30-5-5-17, I have concurrently with



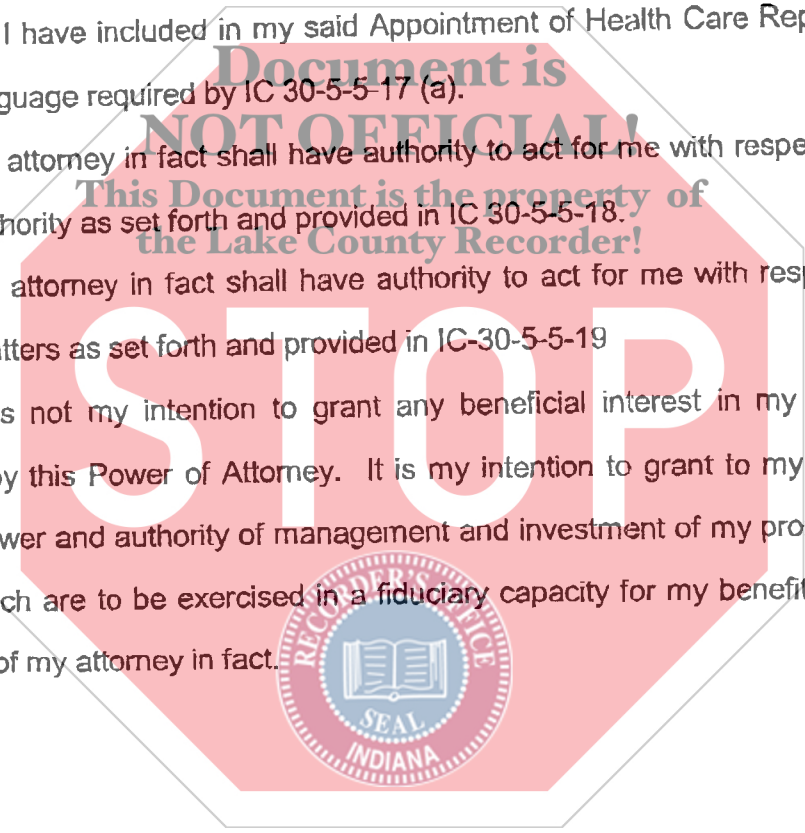
the execution of this Power of Attorney also executed my Appointment Of Health Care Representative, wherein I have appointed my attorney in fact as my health care representative, which Appointment Of Health Care Representative is attached to this Power of Attorney.

16. By virtue of this provisions of subparagraph 15 above, my attorney in fact is hereby empowered to ask, in my name for health care to be withdrawn or withheld when it is not beneficial to me, or when any benefit is outweighed by the demands of the treatment and my death may result, as set forth and provided in IC 30-5-5-17, and in compliance with the provisions of IC 30-5-5-17 (a) I have included in my said Appointment of Health Care Representative the language required by IC 30-5-5-17 (a).

17. My attorney in fact shall have authority to act for me with respect to delegating authority as set forth and provided in IC 30-5-5-18.

18. My attorney in fact shall have authority to act for me with respect to all other matters as set forth and provided in IC-30-5-5-19

B. It is not my intention to grant any beneficial interest in my property to my attorney in fact by this Power of Attorney. It is my intention to grant to my attorney in fact administrative power and authority of management and investment of my property and health care powers, which are to be exercised in a fiduciary capacity for my benefit and not for the personal benefit of my attorney in fact.



My attorney in fact shall be entitled to reasonable compensation for the faithful performance of its duties under this instrument and shall be entitled to reimbursement for reasonable expenses incurred in the performance of said duties.

ARTICLE II
Effective Date

A. This Power of Attorney shall become effective upon execution, and shall not be affected by my subsequent disability or incapacity.

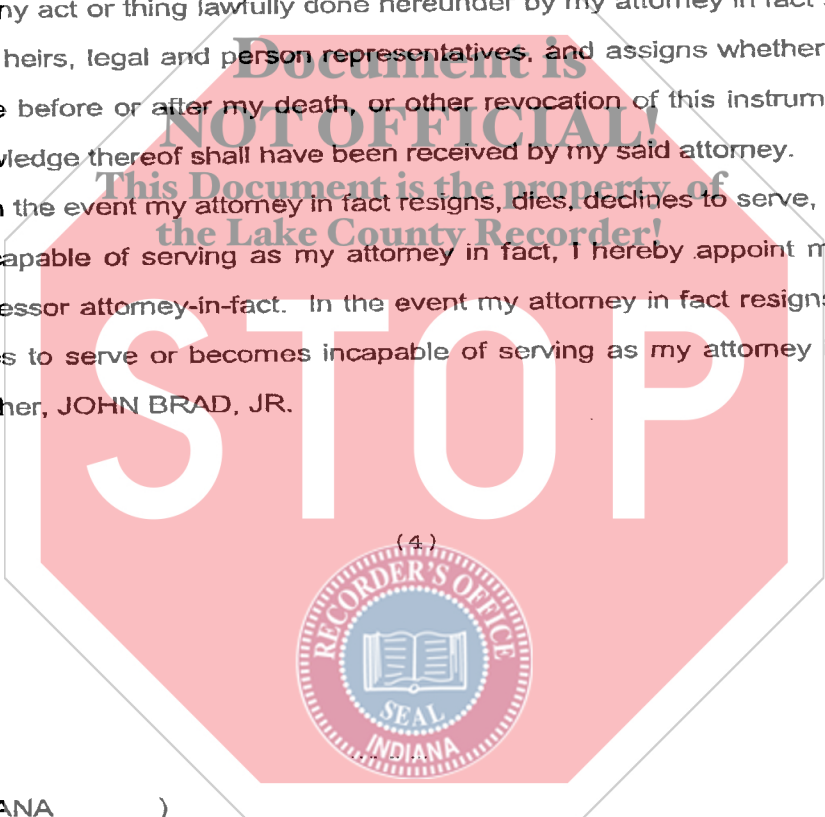
ARTICLE III
Nomination of Guardian

If proceedings are ever initiated for the appointment of a guardian, conservator or similar representative for my person and/or my estate, I hereby nominate the person then acting as my attorney in fact under this Power of Attorney to be appointed to that office.

ARTICLE IV
Miscellaneous Provisions

A. Any act or thing lawfully done hereunder by my attorney in fact shall be binding on me, and my heirs, legal and person representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until actual knowledge thereof shall have been received by my said attorney.

B. In the event my attorney in fact resigns, dies, declines to serve, ceases to serve or becomes incapable of serving as my attorney in fact, I hereby appoint my niece, DANA BRAD, as successor attorney-in-fact. In the event my attorney in fact resigns, dies, declines to serve, ceases to serve or becomes incapable of serving as my attorney in fact, I hereby appoint my brother, JOHN BRAD, JR.



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 12th day of June, 2006, personally appeared MARIA MALDARESCU and acknowledged the execution of this Power of Attorney to be her 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.

Julia M. Trueblood
Julia M. Trueblood, Notary Public
County of Residence: Jasper

My Commission Expires: 10/5/07

This instrument prepared by Mark S. Lucas, Lucas, Holcomb & Medrea, LLP, Easton Court, 300 East 90th Drive, Merrillville, Indiana 46410.