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7/1/07

**GENERAL POWER OF ATTORNEY**  
**OF**  
**LILLIAN ANN LESNIAK**

By this power of Attorney, I name an attorney-in-fact with power to act on my behalf pursuant to I.C. 30-5, as it exists now and is amended in the future.

2007 04 05 21

1. **ATTORNEY-IN-FACT.** I name my daughter, Kathleen Ann Starko, as my attorney-in-fact.

1.1 **LIABILITY LIMITED.** My attorney-in-fact shall only be liable for actions taken in bad faith.

1.2 **NO FEE.** My attorney-in-fact shall not be entitled to a fee for services provided as my attorney-in-fact. My attorney-in-fact shall, however, be entitled to reimbursement for expenses incurred in carrying out the duties and obligation imposed upon my attorney-in-fact by this instrument.

2. **EFFECTIVE IMMEDIATELY.** This power of attorney shall be effective as of the date it is signed.

3. **POWERS AND AUTHORITIES.** I give to my attorney-in-fact or any successor attorney-in-fact the following powers and authorities to be used and exercised on my behalf, to-wit:

3.1. **Real Property.** General authority with respect to real property transactions pursuant to I.C. 30-5-5-2;

3.2. **Tangible Personal property.** General authority with respect to bond, share and commodity transactions pursuant to I.C. 30-5-5-4;

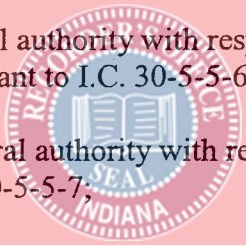
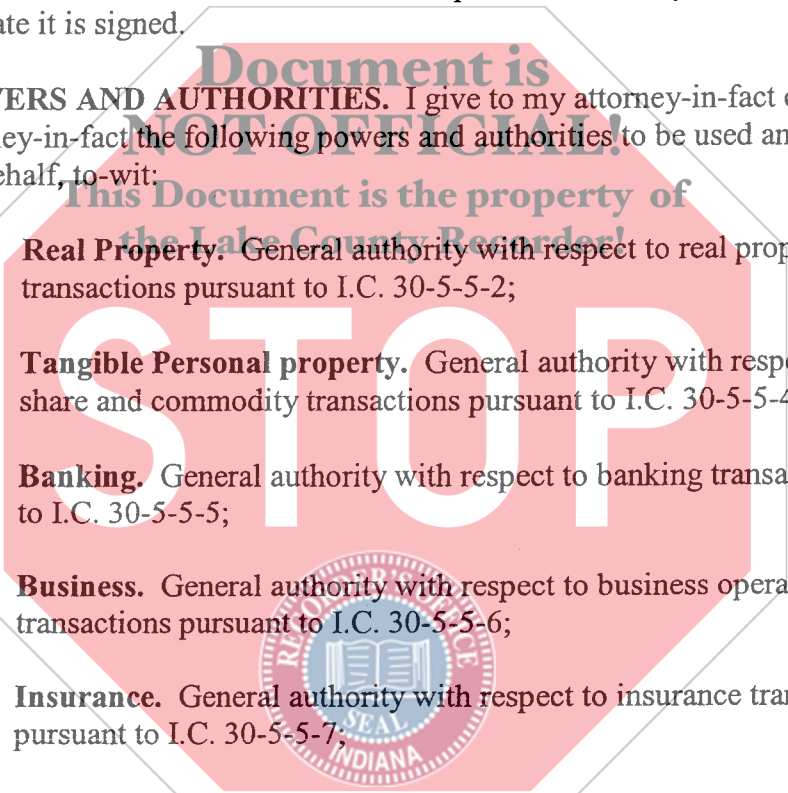
3.3. **Banking.** General authority with respect to banking transactions pursuant to I.C. 30-5-5-5;

3.5. **Business.** General authority with respect to business operating transactions pursuant to I.C. 30-5-5-6;

3.6. **Insurance.** General authority with respect to insurance transactions pursuant to I.C. 30-5-5-7;

3.7. **Beneficiary.** General authority with respect to beneficiary transactions pursuant to I.C. 30-5-5-8;

3.8. **Gifts.** General authority with respect to gift transactions pursuant to I.C. 30-5-5-9.



**FILED**

JUN 14 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

021499

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STS  
CA

"I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each social security number in this document, unless required by law."  
*[Signature]*

- 3.9. **Fiduciary.** General authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10.
- 3.10. **Claims and Litigation.** General authority with respect to claims and litigation pursuant to .C. 30-5-5-11;
- 3.11. **Records, Reports and Statements.** General authority with respect to records, reports and statements pursuant to I.C. 30-5-5-14 including the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue
- 3.12. **Estate Transactions.** General authority with respect to estate transactions pursuant to I.C. 30-5-5-15;
- 3.13. **Health care.** General authority with respect to health care pursuant to I.C. 30-5-5-16;
- 3.14. **Delegate.** General authority with respect to delegating authority pursuant to I.C. 30-5-5-18.
- 3.15. **Safe Deposit Box.** General authority to have access to and to enter at any time any safe deposit box in my name or in my name jointly with any other person or person, and to remove any or all of the contents and surrender such box,
- 3.16. **Trust.** General authority to transfer any of my property to the trustee(s) of any trust which I may have created for my benefit to be administered and distributed in accordance with the provisions thereof; and to require the trustee(s) thereof to make payment of the income or principal to my attorney-in-fact; and
- 3.17 **All other matters.** General Authority with respect to all other matters pursuant to I.C. 30-5-5-19;

provided, however, my attorney-in-fact shall not have any power or authority which would cause my attorney-in-fact to be treated as the owner of any interest in my property which would cause that property to be treated and taxed as though owned by my attorney-in-fact.

4. **HEALTH CARE REPRESENTATIVE APPOINTMENT WITH POWER TO STOP HEALTH CARE.** I appoint my attorney-in-fact as my health care representative with authority to act for me in all matters of health care in accordance with I.C. 16-36-1 as shown by the appointment under I.C. 16-36-1 which is attached to this power of attorney pursuant to I.C. 30-5-5-16(b)(2) and I.C. 30-5-5-17 including the powers stated in this section.
- 4.1. **Stop Health Care.** I authorize my attorney-in-fact to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my attorney-in-fact is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my attorney-in-fact may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or that such health care not be instituted, even if death may result.
- 4.2. **Consultation.** My attorney-in-fact must try to discuss any decision with me. However, if I am unable to communicate, my attorney-in-fact may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my attorney-in-fact may also discuss this decision with my family and others, to the extent they are available.
5. **SUPERCEDES PRIOR POWER OF ATTORNEY.** This power of attorney supercedes all other powers of attorney I executed prior to the date of this power of attorney.
6. **GUARDIAN.** If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney-in-fact to act on my behalf or as my guardian.
7. **TERMINATION ON DEATH.** Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death whichever occurs first.

8. **APPLICABLE LAW.** This instrument is to be governed by the laws of the State of Indiana.

EXECUTED this 16 day of Aug 2006.

*Lillian Ann Lesniak*  
Lillian Ann Lesniak

STATE OF INDIANA     )  
  )  
COUNTY OF LAKE     )

The undersigned, a Notary Public in and for the above County and Stae, certifies and witnesses that the above signed, 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: 8-16-2006, 2006

My County of Residence is:  
Lake County,  
State of Indiana, and

**Document is NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!

*Erin Hillebold*  
Notary Public

My Commission Expires:  
8-31-2009

Erin Hillebold  
(Printed)

