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GENERAL DURABLE POWER OF ATTORNEY

ARTICLE ONE - DESIGNATION OF AGENT

I, WINCENTYNA C. HRYNIOWIECKI, of 2441 Harvest Drive, Crown Point, Lake County, State of Indiana, being an adult and mentally competent do hereby designate and appoint, THERESA BRYANT, Merrillville, Lake County, Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes known as my Agent giving my Agent full authority to make financial, asset management, and personal decisions for me in my name, place and stead as authorized in this document.

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ARTICLE TWO - REVOCATION OF PRIOR POWER

I hereby revoke all powers of attorney, general and/or limited, heretofore granted by me, as principal and terminate all agency relationships, created thereunder, if any.

ARTICLE THREE - GENERAL POWERS

My Attorney-in-Fact is authorized in his/her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal and mixed, and matters affecting my financial and personal interests, to proceed on my behalf as set forth under the following sections of the Indiana Code governing Powers of Attorney to-wit:

ALL THE POWERS SET FORTH IN SECTIONS 2 THROUGH 19 OF THE INDIANA CODE, CHAPTER 30, (I.C.30-5-5-2 through I.C. 30-5-5-19) WHICH PROVISIONS SHALL BE CONSTRUED AS THOUGH THE ENTIRE SECTION IS SET OUT IN FULL IN THIS POWER OF ATTORNEY.

I hereby incorporate by reference all the powers granted Attorney-in-Fact under the Indiana Code Sections set forth above, and grant same to the Attorney-in-Fact named in ARTICLE ONE, or their Successor.

ARTICLE FOUR - LIMITATION

With respect to ARTICLE THREE, it is understood the authority I have conferred upon my Agent in this Power of Attorney is intended to limit or restrict my own authority of decision making capabilities covering such powers and authority as long as I remain mentally competent.

FURTHERMORE, this Power of Attorney and authority granted therein as specified in ARTICLE THREE shall become effective only in the event that I become disabled or legally incapacitated to act on my own behalf as determined in writing by my Attorney-in-Fact and my attending Physician.

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FILED

JUN 22 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CHICAGO TITLE & TRUST COMPANY

STATE OF INDIANA
LAKE COUNTY
FILED

ARTICLE FIVE - THIRD PARTY RELIANCE

No person who relies in good faith upon any representations by me or authority of my Attorney-in-Fact, shall be held liable to me, my estate, my heirs or assigns for recognizing such representation of authority.

ARTICLE SIX - SUCCESSOR ATTORNEY-IN-FACT

In the event my Attorney-in-Fact named in ARTICLE ONE herein, is unable or unwilling to so serve, or ceases to so serve, I hereby designate and appoint, ELIZABETH M. ADLER, of Chicago, Cook County, Illinois, my true and lawful Successor Attorney-in-Fact, with all the duties, powers and responsibilities of my Attorney-in-Fact.

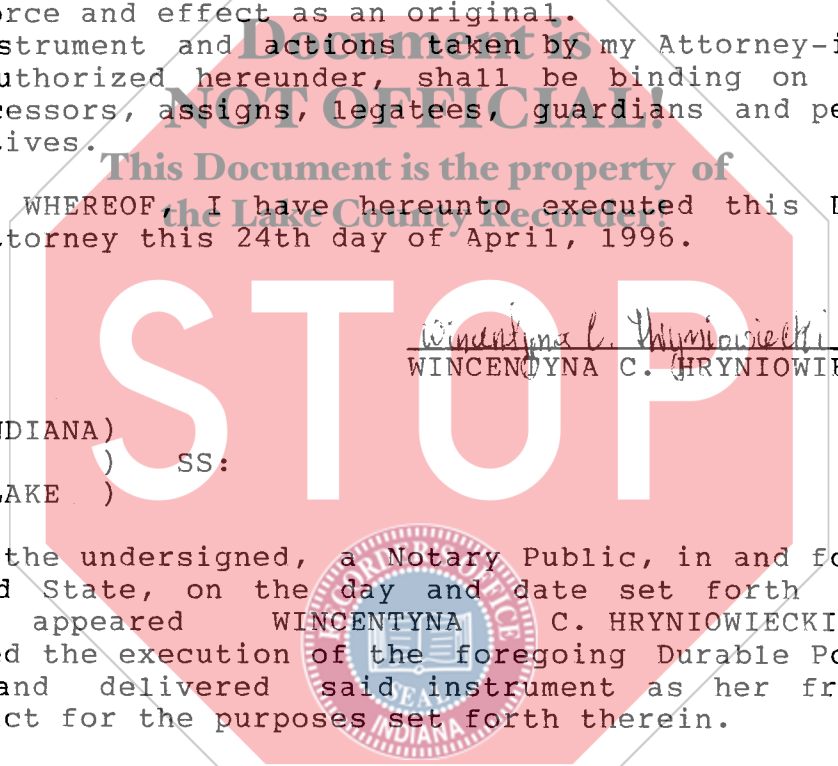
ARTICLE SEVEN - MISCELLANEOUS

A. This Power of Attorney is intended to be valid and be given full faith and credit in any jurisdiction or State in which it is presented.

B. My Attorney-in-Fact is authorized to make photocopies of this instrument as often as necessary. Each copy shall have the same force and effect as an original.

C. This instrument and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding on me, my heirs, successors, assigns, legatees, guardians and personal representatives.

IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 24th day of April, 1996.



Wincetyna C. Hryniowiecki
WINCENTYNA C. HRYNIOWIECKI

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, on the day and date set forth above, personally appeared WINCENTYNA C. HRYNIOWIECKI, who acknowledged the execution of the foregoing Durable Power of Attorney and delivered said instrument as her free and voluntary act for the purposes set forth therein.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Thomas S. Gozdecki, Jr.
Thomas S. Gozdecki, Jr.

Resident of Lake County
My Commission expires 8-14-98

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. Brenda Schovich

Prepared By: Thomas S. Gozdecki, Jr.
Attorney at Law, #7238-45

EXHIBIT A

LEGAL DESCRIPTION

THE CONDOMINIUM UNIT DESIGNATED AS 2441 HARVEST DRIVE UNIT 2, SCHERERVILLE, INDIANA, IN OAKCREST CONDOMINIUMS, AS SET FORTH IN DECLARATION OF HORIZONTAL PROPERTY REGIME RECORDED MAY 7, 1985 AS DOCUMENT NOS. 802041 AND 802042, AND AS AMENDED BY DOCUMENTS NOS. 824860 AND 824861 RECORDED OCTOBER 17, 1985 AND AS AMENDED BY DOCUMENT NOS. 851542 AND 851543 RECORDED APRIL 19, 1986 AND AS AMENDED BY DOCUMENTS NOS. 903508 AND 903509 RECORDED FEBRUARY 24, 1987 AND AS AMENDED BY DOCUMENTS NOS. 998356 RECORDED SEPTEMBER 20, 1988 IN THE RECORDERS OFFICE OF LAKE COUNTY, INDIANA, TOGETHER WITH THE UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO.



Chicago Title Insurance Company