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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF

LOUIS BELPEDIO

TO

THOMAS ORLANDO
ATTORNEY IN FACT

Made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. **POWERS.** According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers have listed and confers general with respect to them:

Real property transactions;	[IC 30-5-5-2]	Fiduciary transaction;	[IC 30-5-5-10]
Tangible personal property;	[IC 30-5-5-3]	claims and litigation;	[IC 30-5-5-11]
Bond, share, and commodity transactions;	[IC 30-5-5-4]	family maintenance;	[IC 30-5-5-12]
Banking transactions;	[IC 30-5-5-5]	benefits from military service;	[IC 30-5-5-13]
Business operation transactions;	[IC 30-5-5-6]	records, reports, and statements;	[IC 30-5-5-14]
Insurance transactions;	[IC 30-5-5-7]	estate transactions;	[IC 30-5-5-15]
Beneficiary transaction;	[IC 30-5-5-8]	all other matters;	[IC 30-5-5-18]
Gift transactions;	[IC 30-5-5-9]		

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added as follows: [and have verified by writing my initials in the space provided herein the margin].

IN FURTHERANCE OF THESE POWERS, I gave my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. **RESERVATION OF POWER TO ACT AND TO REVOKE.** I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. **CHAPTERS OF STATUTE ALSO APPLICABLE.** The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions	[IC 30-5-2]	Reliance	[IC 30-5-8]
General Provisions	[IC 30-5-3]	Liabilities	[IC 30-5-9]
Duties	[IC 30-5-6]	Terminations	[IC 30-5-10]

D. **LIABILITIES OF ATTORNEY IN FACT.** As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. **RELIANCE ON POWER OF ATTORNEY.** In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution	Type of Account	Account Number
_____	_____	_____
_____	_____	_____

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake _____ County, State of Indiana.

F. **SAFE DEPOSIT BOX.** I have a Safe Deposit box, Number _____

(Banking Institution) (Branch) (City)

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers her given are in addition to those incorporated into this Power of Attorney by reference.

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL A. BROWN
RECORDER

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G. DURATION OF POWER OF ATTORNEY. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provisions apply]

- a. ~~This power of Attorney is not termination by my incapacity.~~
- b. This Power of Attorney terminates _____ at _____
(Date) March 20, 2009 (Time) 12:00
- c. This Power of Attorney terminates upon my incapacity or on January 10, 2009, at _____ Noon, whichever first occurs.

H. REVOCATION OF PRIOR POWERS. I do/do not [strike one] revoke all power of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under prior power of attorney. In case of failure to strike, prior powers are revoked.

I. GAURDIANS. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate _____ as guardian of my person, and _____ as guardian of my estate to serve in each case without bond as may be permitted by law.

J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in fact I designate and name Michael W. Back. Such successor to my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve. By giving me written notice while I am not incapacitated, my attorney in fact may resign or declined to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. BINDING EFFECT. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

L. ADDITIONAL CONVENANTS.

"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." Philip Ignarski

Signed this 18th day of March, 2009.

No changes have been made to this Lake County Indiana Bar Association form except as noted in the additional covenants or as obviously and clearly marked.

PRINCIPAL'S SIGNATURE [Signature]
PRINCIPAL'S STREET OR OTHER ADDRESS 4954 Coyle Ave.

PRINCIPAL'S SOCIAL SECURITY NUMBER _____
PRINCIPAL CITY, STATE AND ZIP CODE Skokie, IL 60077

STATE OF ILLINOIS
COUNTY OF COOK SS:

Before me a Notary Public for the State of Illinois and County of Cook, this 18 day of March, 2009, personally appeared Louis Belpedio, and acknowledged the execution of the foregoing Power of Attorney.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Exp: 8/22/12
Resident of: IL
Notary Signature and Seal [Signature]
Notary's Name (please print) MESHELL HEIDEN

