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POWER OF ATTORNEY

I, **RITA A. MAREK**, of Highland, Lake County, Indiana, hereby appoint, my son, **MICHAEL J. MAREK**, and my son, **MARK L. MAREK**, to serve as my true and lawful Co-Attorneys-in-fact (or my "Agent").

I give to my Agent the power to accomplish the following acts in my name and for my benefit, as follows:

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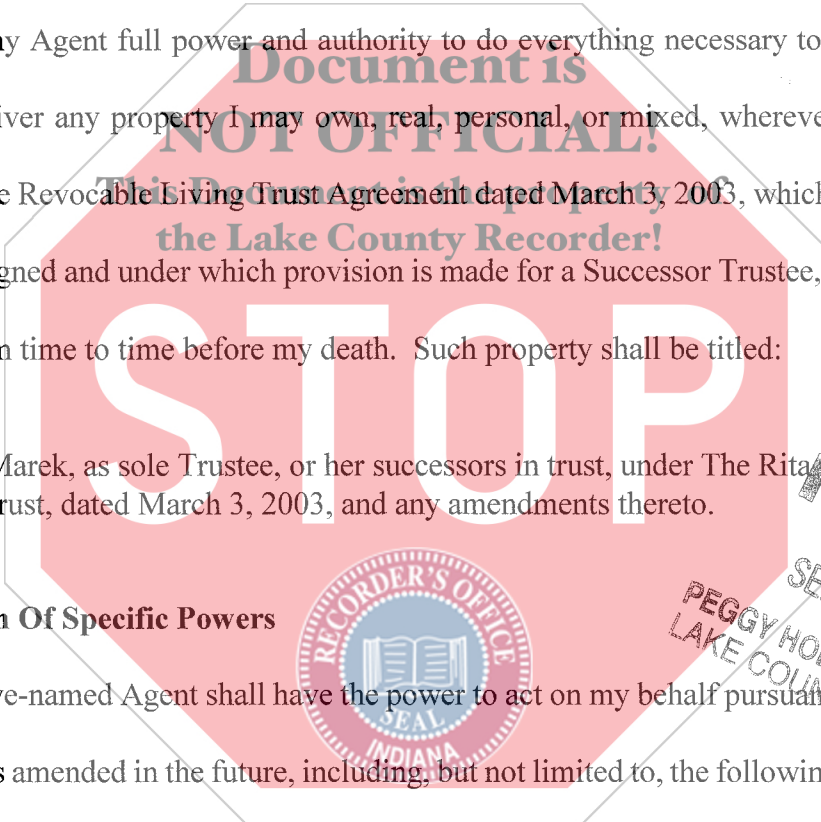
1. Transfer To Trust

I grant my Agent full power and authority to do everything necessary to transfer, assign, convey, and deliver any property I may own, real, personal, or mixed, wherever located, to my Trustee under the Revocable Living Trust Agreement dated March 3, 2003, which I as Settlor, and initial Trustee signed and under which provision is made for a Successor Trustee, as the same may be amended from time to time before my death. Such property shall be titled:

Rita A. Marek, as sole Trustee, or her successors in trust, under The Rita A. Marek Living Trust, dated March 3, 2003, and any amendments thereto.

a. Enumeration Of Specific Powers

The above-named Agent shall have the power to act on my behalf pursuant to IC 30-5, as it exists now and is amended in the future, including, but not limited to, the following powers as their use is necessary to transfer my property to my Revocable Living Trust and to manage my affairs when it is inappropriate for the Trustee of my Revocable Living Trust to act on my behalf as Settlor for reasons which concern, without limitation, privacy considerations, technical legal authority of my Trustee to act on my behalf as Settlor, and administrative convenience:



STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D
MICHAEL BROWN
RECORDER
SEP 22 PM 2:39

FILED
SEP 24 2009
PEGGY HOLINGWATER
LAKE COUNTY AUDITOR

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To make and execute any and all contracts;

To have access to any and all safe deposit boxes in my name, and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

To represent me in all matters pertaining to the business of any corporation in which I may have any interest;

To receive and endorse checks and drafts; to receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise or discharge the same;

To bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature;

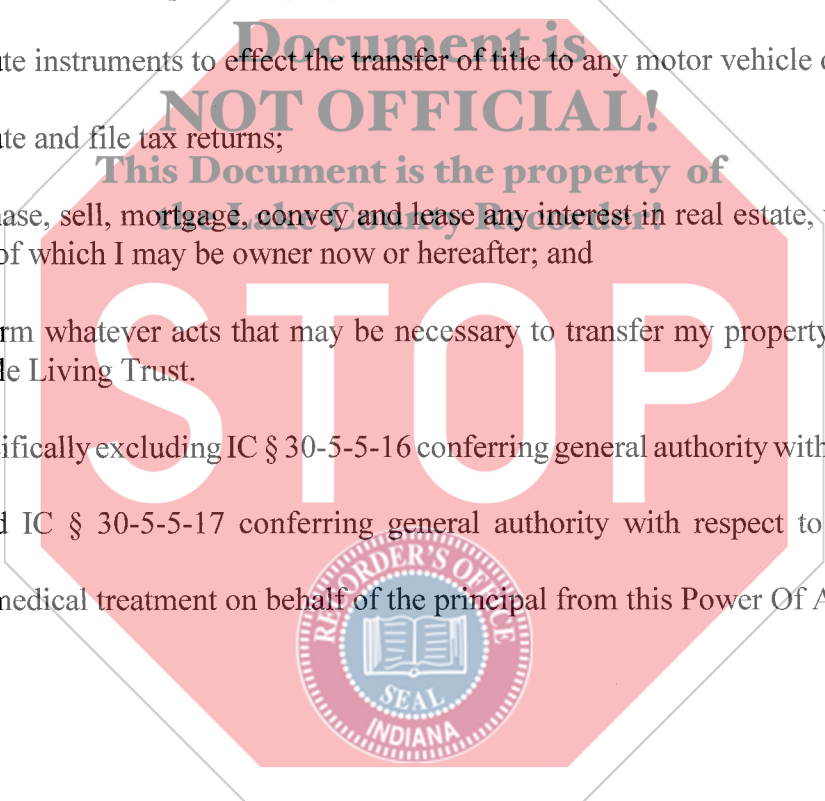
To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To execute and file tax returns;

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

To perform whatever acts that may be necessary to transfer my property into my Revocable Living Trust.

I am specifically excluding IC § 30-5-5-16 conferring general authority with respect to health care powers and IC § 30-5-5-17 conferring general authority with respect to withdrawing or withholding of medical treatment on behalf of the principal from this Power Of Attorney.



b. My Agent's Powers As They Relate To The Federal Tax Laws

Notwithstanding the foregoing:

In no event shall my Agent have the power to benefit himself or herself or any other person in any way that could result in any part of my property to be included in such Agent's gross estate for federal estate tax purposes, or cause any part of my property to be deemed to be the subject of a taxable gift made by such Agent personally.

In no event shall my Agent have the power to make any payment or application which would discharge any legal obligation of my Agent personally.

In no event shall my Agent possess or have the power to exercise any incident of ownership with respect to any policy I own insuring the life of my Agent.

My Agent shall have the power to make gifts from my assets to the contingent beneficiaries of my Living Trust, either outright or in trust, for purposes my Agent considers to be in my best interest, including, without limitation, the minimization of income, estate, inheritance or gift taxes. My Agent may also make gifts in order to assure the continuation of any gifting program initiated by me prior to my incapacity. The limitation with respect to gifts to my Agent in IC § 30-5-5-9 is waived.

c. My Agent's Powers As They Relate To My Retirement And Employment Benefits

My Agent shall have the power to establish one or more "individual retirement accounts" or other retirement plans or arrangements in my name.

In connection with any pension, profit sharing or stock bonus plan, individual retirement arrangement, s. 403(b) annuity or account, s. 457 plan, or any other retirement plan, arrangement or annuity in which I am a participant or of which I am a beneficiary (whether established by my Agent or otherwise) (each of which is hereinafter referred to as "such Plan"), my Agent shall have the following powers, in addition to all other applicable powers granted by this instrument:

- i.** To make contributions (including "rollover" contributions) or cause contributions to be made to such Plan with my funds or otherwise on my behalf.
- ii.** To receive and endorse checks or other distributions to me from such Plan, or to arrange for the direct deposit of the same in any account in my name or in the name of any revocable living trust established by me.
- iii.** To elect a form of payment of benefits from such Plan, to withdraw benefits from such Plan, to make contributions to such Plan and to make, exercise, waive or consent to any and all elections and/or options that I may have regarding the contributions to, investments or administration, of, or distribution or form of benefits under, such Plan.

iv. To designate one or more beneficiaries or contingent beneficiaries for any benefits payable under such Plan on account of my death, and to change any such prior designation of beneficiary made by me or by my Agent; provided, however, that my Agent shall have no power to designate my Agent directly or indirectly as a beneficiary or contingent beneficiary to receive a greater share or proportion of any such benefits than my Agent would have otherwise received unless such change is consented to by all other beneficiaries who would have received the benefits but for the proposed change. This limitation shall not apply to any designation of my Agent as beneficiary in a fiduciary capacity, with no beneficial interest.

d. My Agent's Powers As They Relate To Public Benefits

My Agent is hereby appointed as my Representative Payee for the purposes of receiving Social Security benefits. My Agent shall have the power to take any and all steps necessary, in my Agent's judgment, to obtain and maintain my eligibility for any and all public benefits and entitlement programs. Such programs include, but are not limited to, Social Security, Supplemental Security Income, Medicare, Medicaid, and In Home Support Services.

e. My Agent's Powers As They Relate To Disclaiming Property

My Agent may renounce and disclaim any property or interest in property to which I may become entitled, whether by beneficiary designation, gift, testate or intestate succession. My Agent may also release or abandon any property or interest in property which I may now or hereafter own. In exercising such discretion, my Agent may take into account such matters as any reduction in estate or inheritance taxes on my estate, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property.

In furtherance of these powers I give my Agent power and authority to do for me and in my name those things which such Agent deems expedient and necessary to effectuate the intention of this instrument, which is to make certain that all of the property I own is titled in the name of my Revocable Living Trust, that taxes are minimized and that I avoid any guardianship proceedings.

I hereby ratify and confirm all that my said Agent shall do by virtue hereof.

2. Nomination Of Guardian

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Agent, my son, **MICHAEL J. MAREK**, and my son, **MARK L. MAREK**, hereinabove designated and appointed, to be my Co-Guardians. If either **MICHAEL J. MAREK** or **MARK L. MAREK** shall die, become incapacitated, resign, refuse to accept the office of Guardian or be unavailable, then in such event, the other shall act alone as my Guardian.

3. Successor Agents

If **MICHAEL J. MAREK** or **MARK L. MAREK** shall die, become incapacitated, resign, refuse to accept the office of Agent or be unavailable, then in such event, the other shall act alone as my Successor Agent under this Power Of Attorney.

Any Successor Agent shall have all the rights and powers as given to the original Agent. No Successor Agent shall be required to examine the accounts, records and acts of any previous Agent. No Successor Agent shall in any way be responsible for any act or omission to act on the part of any previous Agent.

4. Effective Date And Durability

This Power Of Attorney shall only become effective when I am incapacitated, as determined pursuant to the terms of Article Five of my Revocable Living Trust Agreement. Presentation of such Article by the Trustee of my Revocable Living Trust Agreement describing the terms and conditions which establish my incapacity shall serve as conclusive evidence of my incapacity. My Agent shall continue to be able to exercise any power or authority I have given him or her notwithstanding my subsequent incapacity.

5. Amendment And Revocation Of Power Of Attorney

This Power Of Attorney may be amended or revoked at any time, by a written instrument. However, until revoked all persons shall recognize my Agent's authority under this Power Of Attorney, and this Power Of Attorney shall not be affected by my subsequent incapacity or by the lapse of time. No person shall be liable to me or my estate in any way for any losses resulting from his or her good faith recognition of my Agent's authority, prior to having received a written notice of revocation.

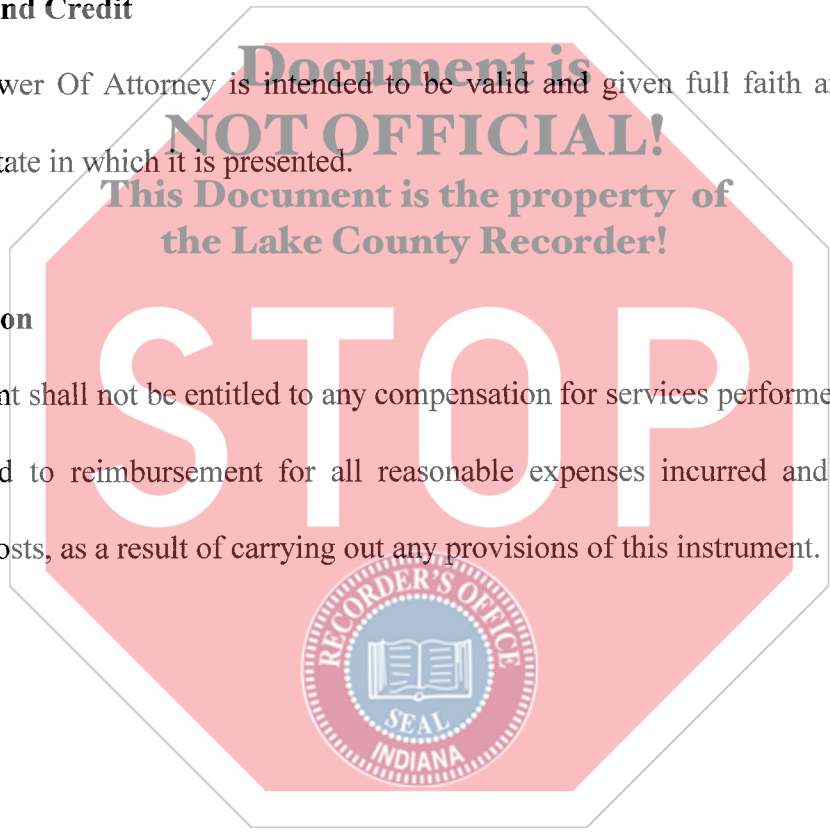
6. Miscellaneous Provisions

a. Full Faith And Credit

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

b. Compensation

My Agent shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.



c. Liability

My Agent, including his or her heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary), and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate, arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

d. Copies

My Agent is authorized to make photocopies of this instrument as frequently and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as any original.

e. Severability

If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

f. Binding On Successors

This instrument, and actions taken by my Agent properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.



I sign this document 3 day of March, 2003.

Rita A. Marek
RITA A. MAREK, PRINCIPAL

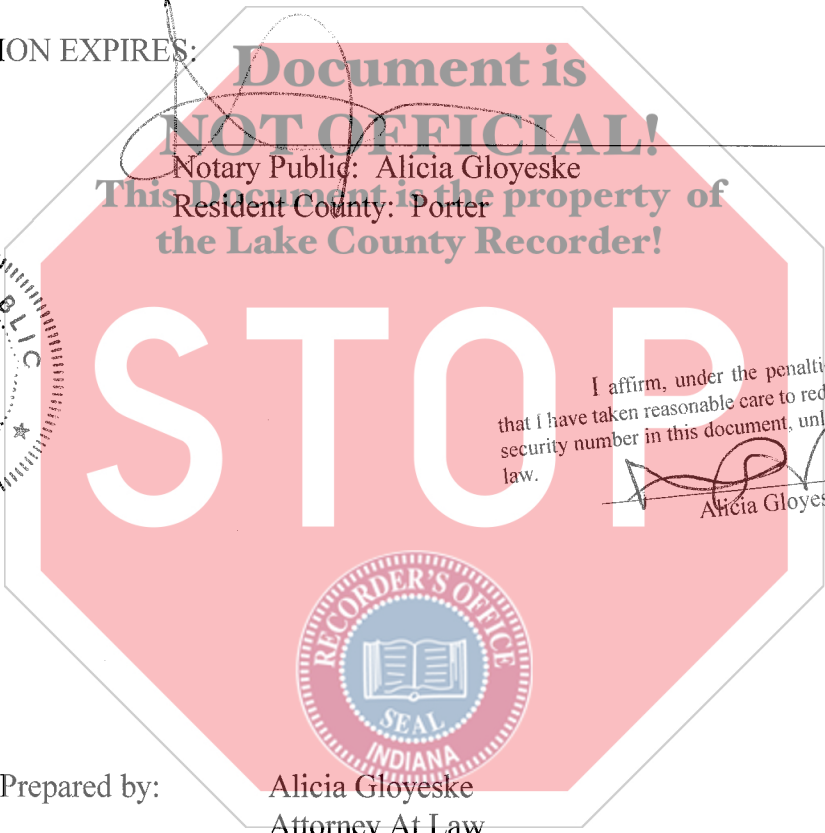
STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, a Notary Public in and for said County and State personally appeared **RITA A. MAREK**, who acknowledged the execution of the foregoing Power of Attorney, and acknowledged her execution of it as her voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 3 day of MARCH, 2003.

MY COMMISSION EXPIRES:

5-24-09



Notary Public: Alicia Gloyeske
Resident County: Porter

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.

Alicia Gloyeske
Alicia Gloyeske



This Instrument Prepared by:

Alicia Gloyeske
Attorney At Law
2401 Beech Street, Suite E
Valparaiso, Indiana 46383
Telephone: (219) 464-9224

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