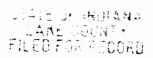
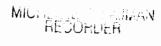


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2011 DEC -8 AM IO: 18



THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING 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

HELEN VISNYAK

PRINCIPAL

TO

JOSEPH M. VISNYAK

ATTORNEY IN FACT

ocument 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 Statue, an attorney in fact has a power granted under 1C 30-5 if the power of attorney incorporated the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

	real property transactions;	[IC 30-5-5-2]	fiduciary transactions;	[IC 30-5-5-10]
•	tangible personal property transactions;	[IC 30-5-5-3]	claims and litigation;	[IC 30-5-5-11]
	bond, share, and commodity transactions	s; [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 operating 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 transactions;	[IC 30-5-5-8]	all other matters.	[IC 30-5-5-19]
	gift transactions:	[IC 30-5-5-9]		

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17], 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.] on regional stopped brood in as water to seen aldangee.

Any power I do not wish to incorporate into this Power of Attorney I have deleted by living out and writing in an arrival op the deletion of Any power to be modified or added I have modified or added as follows: to take such action or to apply such funds, without petition to or leave of court, for the purpose of conserving my property, benefiting my descendants and other relatives, and maximizing entitlements to federal and state medical, welfare, housing and other public programs, by all legitimate and proper means within the sound and trusted discretion of my attorney-in-fact, including, but not limited to, the power to make gifts to such relatives, friends and charities as would likely be the recipients of donations or gifts from me, make investments and purchases including the investment in annuities, bonds, stocks or other vehicles and the purchase of real estate or other assets, to make revocable or irrevocable transfers into trusts for the benefit of myself or other said recipients, and to take such steps even though my attorney-in-fact is a member of the group that may benefit under such an estate plan.

IN FURTHERANCE OF THESE POWERS, I give 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 35-5-2] General Provisions [IC 30-5-3] Duties [IC 30-5-6]

Reliance [IC 30-5-8] Liabilities [IC 30-5-9 Termination [IC 30-5-10]

- D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-5-9, I, as principal, specifically prov e that my attorney in fact is liable only if my attomey .ED
- E. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the State 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 the proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered to such person(s): it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution/Assets Any and all accounts held in my name in any and all financial institutions. Type of Account Number HOLINGA KATONA Account Number **LAKE COUNTY AUDITOR**

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

004629





State of Indiana

(BANKING INSTITUTION)	(BRANCH)	(CITY)
I give my attorney in fact power to enter or have access to that give the power also to remove property from such box or add pre in addition to those incorporated into this Power of Attorney b	roperty to it, and to relocate such b	box in my name either individually or jointly with any other personox within the banking institution or at another. Powers here given
G. DURATION OF POWER OF ATTORNEY. SELE- ROVISIONS: [in case of insufficient striking, provision a applie		OWING PROVISIONS BY STRIKING ALL INAPPLICABL
a. This power of Attorney shall not be terminated by n	ny incapacity.	
b. This Power of Attorney terminates on xxxxxxxxxxxx	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXX QL XXXXXXXXXXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	xx, whichever first occurs.	
H. REVOCATION OF PRIOR POWERS. I do/ do not [stri oes not affect the validity of an act performed under a prior pow	ike one] revoke all powers of attoner of Attorney. In case of failure to	ney I signed before the date of the Power of Attorney. Revocation strike, prior powers are revoked.
I. GUARDIANS. If protective proceeding for my person or for erson, and	or my estate, or for both, are comme state, to serve in each case without b	enced, I nominate <u>Joseph M. Visnyak</u> as guardian of noond as my be permitted by law.
J. SUCCESSOR ATTORNEY IN FACT. As successor to m ttorney in fact when the person(s) first designated and named has	y attomey in fact I designate and no s/have failed or ceased to serve as	ame John Visnyak . Such successor shall become n specified in the Statute, or has/have declined to serve.
By giving me written notice while I am not incapacitated, my shall continue to serve until a successor attorney in fact is author successor or selected by a court of competent jurisdiction to	ized to act under this Power of Att	ine to serve. During a period of my incapacity, my attorney in fatomey, whether designated and named in this Power of Attorney
		of Attomey binds me and my successors in interest, as the Stat
Signed this 24 th day of January, 20 <mark>02, in3</mark>	counterparts, each of which shall	be considered an original.
Counterpart No.		delen Visnyak HELEN VISNYAK
"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." Shannon Stiener	EGEDER'S OF	PRINCIPAL'S SOCIAL SECURITY NUMBER
		7207 Jefferson PRINCIPAL'S STREET OR OTHER ADDRESS
	SEAL MOUNTS	Hammond, Indiana 46324
	William Control	PRÍNCIPAL'S CITY, STATE AND ZIP CODE
STATE OF INDIANA, COUNTY OF LAKE SS:		
·	ounty and State, this 24th day of Jar the voluntary act and deed of the p	nuary, 2002, personally appeared the principal named above, sign rincipal, for the uses and purposes therein stated.
his Power of Attorney, and acknowledged the execution of it, as		• •
his Power of Attorney, and acknowledged the execution of it, as	official seal the day and year last ab	ove written.
his Power of Attorney, and acknowledged the execution of it, as IN WITNESS WHEREOF, I have hereunto set my hand and of the control of the co	official seal the day and year last ab	ove written. Lau E. Quacia NOTARY PUBLIC'S SIGNATURE
his Power of Attorney, and acknowledged the execution of it, as	_&	NOTARY PUBLIC'S SIGNATURE Spraggins
his Power of Attorney, and acknowledged the execution of it, as	_&	NOTARY PUBLIC'S SIGNATURE