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Certification of Power of Attorney

1. The following document attached hereto is the subject of this Certificate:

Power of Attorney of Margaret Musnicki dated the 11th day of March, 2010.


2. The Agent under this Power of Attorney currently serving is:

BEVERLY SMOLEN

3. The Power of Attorney of Margaret Musnicki dated the 11th day of March, 2010, a copy of which is attached to this certificate, is a true and correct copy of the original and has not been revoked. Margaret Musnicki is still alive; however, her husband and first named Agent, Edward Musnick, has died. See attached death certificate for Edward Musnicki.

4. The signatory of this Certificate is an attorney licensed to practice in the State of Indiana and is an active member of the State Bar of Indiana, and he declares that the foregoing statements and the referenced Trust provisions are true and correct, under penalty of perjury under the laws of the State of Indiana.

5. This Certificate was executed at Lake County, State of Indiana, on April 29, 2011.


Gary P. Bonk, Attorney-at-Law (#20519-45)
900 Parker Place, Suite A
Schererville, Indiana 46375
(219) 864-7800



COMMUNITY TITLE COMPANY
FILE NO. 4752

FILED

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DEC 13 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
RECORDER OF RECORDS

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POWER OF ATTORNEY

OF

MARGARET MUSNICKI

ARTICLE I

DESIGNATION OF AGENT

I, MARGARET MUSNICKI, of Schererville, Indiana, being a mentally competent adult, do hereby designate and appoint my husband EDWARD MUSNICKI of Schererville, Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent giving my Agent full authority and power to make financial, asset management, personal and health care decisions for me in my name, place and stead as authorized in this document.

If my Attorney-in-Fact as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act, or become unavailable, I then and do hereby designate and appoint the following, in the order listed, to be my successor Attorney-in-fact: First my sister-in-law BEVERLY SMOLEN of Dyer, Indiana, and second my sister HELEN NETTLES of Hammond, Indiana.

**This Document is the property of
the Lake County Recorder!**

ARTICLE II

REVOCAION OF PRIOR POWERS

I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

ARTICLE III

GENERAL ASSET, FINANCIAL AND HEALTH CARE POWERS

My Attorney-in-Fact is authorized, in his 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, by way of illustration and not intending any limitation, to proceed on my behalf as stipulated under the following sections of the Indiana Code governing Powers of Attorney:

IC § 30-5-5-2 Conferring general authority with respect to real property transactions.

Power Of Attorney – MARGARET MUSNICKI
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- IC § 30-5-5-3 Conferring general authority with respect to tangible personal property transactions.
- IC § 30-5-5-4 Conferring general authority with respect to bond, share and commodity transactions.
- IC § 30-5-5-4.5 Conferring general authority with respect to retirement plans.
- IC § 30-5-5-5 Conferring general authority with respect to banking transactions.
- IC § 30-5-5-6 Conferring general authority with respect to business operating transactions.
- IC § 30-5-5-7 Conferring general authority with respect to insurance transactions.
- IC § 30-5-5-8 Conferring general authority with respect to beneficiary transactions.
- IC § 30-5-5-9 Conferring general authority with respect to gift transactions.
- IC § 30-5-5-10 Conferring general authority with respect to fiduciary transactions.
- IC § 30-5-5-11 Conferring general authority with respect to claims and litigation.
- IC § 30-5-5-12 Conferring general authority with respect to family maintenance.
- IC § 30-5-5-13 Conferring general authority with respect to benefits from military service.
- IC § 30-5-5-14 Conferring general authority with respect to records, reports, and statements.
- IC § 30-5-5-15 Conferring general authority with respect to estate transactions.
- IC § 30-5-5-16 Conferring general authority with respect to health care powers.
- IC § 30-5-5-17 Conferring general authority with respect to withdrawing or withholding of medical treatment on behalf of the principal.
- IC § 30-5-5-18 Conferring general authority with respect to delegating authority.
- IC § 30-5-5-19 Conferring general authority with respect to all other matters.

I hereby incorporate by reference all the powers granted an Attorney-in-Fact under Indiana Code Sections 30-5-5-2 through 30-5-5-19 and grant these powers to EDWARD MUSNICKI or his successors under this document.

ARTICLE IV

PROVISION APPLICABLE TO ARTICLE III

With respect to Article III (General Asset, Financial and Health Care Powers), it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

Furthermore, this power of attorney and the authority I have conferred and specified under Article III above shall remain in full force and effect until such time as I may hereinafter revoke the same in writing, provided further, that the same shall not be affected by my subsequent disability, incompetence, or lapse of time.

ARTICLE V

THIRD-PARTY RELIANCE

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

**This Document is the property of
the Lake County Recorder!**

ARTICLE VI

NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, EDWARD MUSNICKI, hereinafore designated and appointed, to be my guardian. In the event that he dies, resigns, or is unable to serve, then I nominate the following, in the order listed, to be my alternate guardian: First BEVERLY SMOLEN and second HELEN NETTLES.

ARTICLE VII

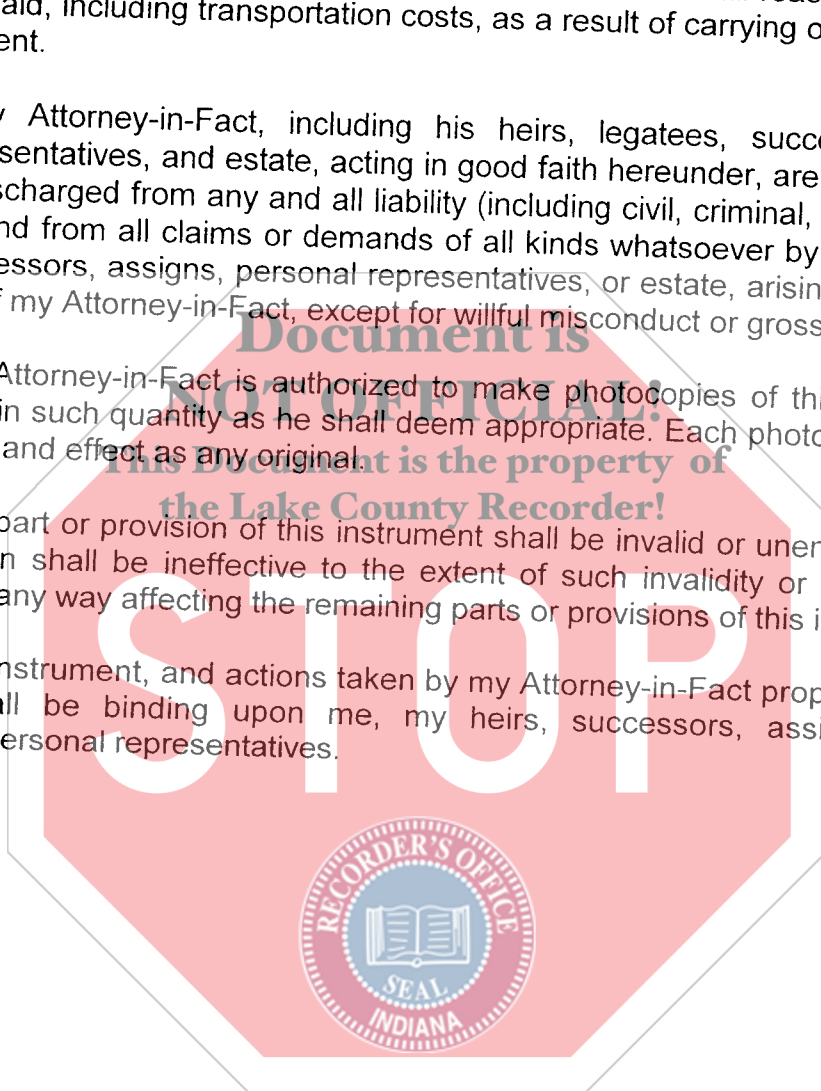
EFFECTIVE DATE

This durable power of attorney shall only become effective as of this 11th day of March, 2010.

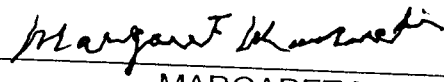
ARTICLE VIII

MISCELLANEOUS PROVISIONS

1. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.
2. My Attorney-in-Fact 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.
3. My Attorney-in-Fact, including his 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.
4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he shall deem appropriate. Each photocopy shall have the same force and effect as any original.
5. 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.
6. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.



IN WITNESS WHEREOF, I have hereunto executed this Durable Power of Attorney this 11th day of March, 2010.

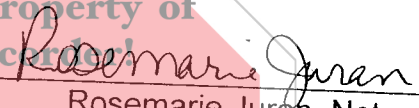

MARGARET MUSNICKI

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared MARGARET MUSNICKI, who acknowledged the execution of the foregoing General Durable Power of Attorney this 11th day of March, 2010.

WITNESS my hand and notarial seal.

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



Rosemarie Juran, Notary Public

My Commission expires:

September 6, 2014

Resident of Lake County

