

STATE OF INDIANA)
COUNTY OF LAKE)

SS 2014 049325

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MICHAEL S. BROWN
RECORDER

**POWER OF ATTORNEY AND
HEALTH CARE REPRESENTATIVE APPOINTMENT**

KNOW ALL MEN BY THESE PRESENTS that I, SOPHIE SAJDYK, a resident of Lake County, Indiana, have made, constituted and appointed and by these presents do make, constitute and appoint MICHAELINE MAGDZIARZ, as my true and lawful Attorney-in-Fact, to act for me and in my name, as hereinafter set forth, to-wit:

(1) My Attorney-in-Fact has the general authority to grant, bargain, sell, exchange, lease, mortgage, or otherwise convey any or part or all of the real estate or personal property now owned or hereafter acquired by me or to which I now have or may in the future acquire any interest, whether legal or equitable, and in my name to make, execute, acknowledge and deliver good and sufficient deeds, leases, bills of sale, mortgages or other conveyance of the same, and such other general authority with respect to real or personal property as conferred in I.C. 30-5-5-2 and I.C. 30-5-5-3;

(2) My Attorney-in-Fact may exercise any general authority with respect to a bond, share, or an instrument of similar character, a commodity interest, or an instrument with respect to such bond, share, or interest, together with the interest dividends, proceeds, or other distributions connected with same, pursuant to I.C. 30-5-5-4;

(3) My Attorney-in-Fact has the general authority to deposit money to my account or for collection with any financial institution and to sign or endorse any instrument to the effect such deposit or to withdraw money from any financial institution and to sign or endorse any instruments to effect such withdrawals, conferring to said Attorneys-in-Fact the general authority with respect to any banking transaction pursuant to I.C. 30-5-5-5;

(4) My Attorney-in-Fact has general authority to enter into any contracts for the provision of insurance against casualty or loss pursuant to I.C. 30-5-5-7;

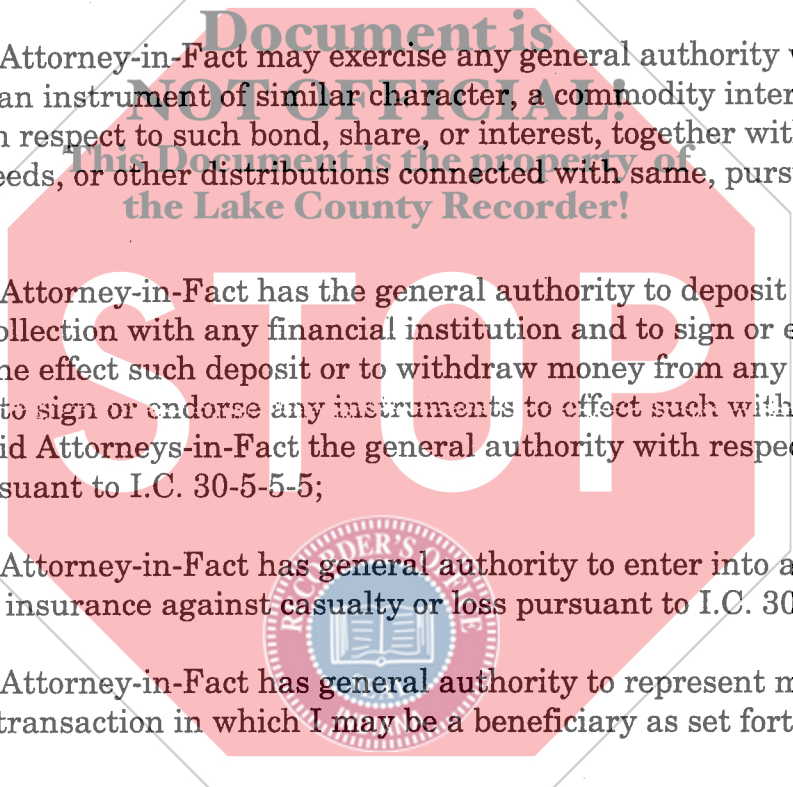
(5) My Attorney-in-Fact has general authority to represent my beneficial interest in any transaction in which I may be a beneficiary as set forth in I.C. 30-5-5-8;

(6) My Attorney-in-Fact has the general authority to make gift transactions pursuant to I.C. 30-5-5-9 to organizations, charitable or otherwise, to which I have previously made gifts and to satisfy pledges to such organizations; to make gifts to my children and other descendants or the spouse of a child or other descendant either outright or in trust for such purposes as the Attorney-in-Fact considers to be in the best interest of my estate;

(7) My Attorney-in-Fact has the general authority to act in my place and stead with respect to any responsibility of a fiduciary nature which I may have as set forth in I.C. 30-5-5-10;

(8) My Attorney-in-Fact has the general authority to settle, adjust or compromise any and all claims, debts, cases in action and otherwise, owing to me or by me and to take or deliver all necessary and proper releases therefore pursuant to I.C. 30-5-5-11;

(9) My Attorney-in-Fact shall have the general authority with respect to maintaining my familial obligations pursuant to I.C. 30-5-5-12;



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(10) My Attorney-in-Fact shall have the power and general authority to maintain records of accounts, reports and statements thereof, to pay any and all taxes, including income taxes, charges and assessments that may be assumed, imposed or levied by any government agency and to execute any necessary documents relative thereto pursuant to the authority of I.C. 30-5-5-14;

(11) My Attorney-in-Fact shall have the general authority to accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim, and recover a legacy, bequest, devise, gift, or other property interest or payment due or payable to or for myself; to assert an interest in and exercise a power over a trust, an estate, or property subject to fiduciary control; to establish a revocable trust solely for the benefit of myself that terminates at my death; and to exercise all powers with respect to trusts and estates that I could exercise except however my said Attorney-in-Fact shall not have the authority to make or change my estate plan; and such other general authority as respecting estate transaction as granted in I.C. 30-5-5-15;

(12) My Attorney-in-Fact shall have the general authority with respect to providing my health care as necessary including but not limited to those items of health care as set forth in I.C. 30-5-5-16 and I.C. 30-5-5-17. My Attorney-in-Fact herein, MICHAELINE MAGDZIARZ, has been designated my Health Care Representative and has authority to act as set forth in I.C. 16-36-1-1 et seq.

(13) Pursuant to I.C. 16-36-1-1, I.C. 30-5-5-16 and I.C. 30-5-5-17, I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result. My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after reviewing my Living Will and consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representatives may also discuss this decision with my family and others, to the extent they are available;

(14) My Attorney-in-Fact shall have general authority with respect to all other matters, that is, to act as my alter-ego with respect to all possible matters and affairs affecting property owned by me that I can perform through an Attorney-in-Fact as defined in I.C. 30-5-5-19. The following are additional terms and conditions of this Power of Attorney:

(A) My Attorney-in-Fact shall not be liable for loss or damage caused by negligence but shall only be liable for loss or damages caused by acting in bad faith.

(B) My Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses advanced on my behalf. My Attorney-in-Fact shall also be entitled to a reasonable fee for services rendered.

(C) This Power of Attorney shall become effective when a physician holding an unlimited license to practice medicine in any state of the United States of America, and who is my treating physician or one of my treating physicians, certifies in writing to the said Attorney-in-Fact that I am physically and/or mentally unable to manage my business and financial affairs. This Power of Attorney is not terminated by my incapacity.

(D) In the event that MICHAELINE MAGDZIARZ, is unable or unwilling to serve as my Attorney-in-Fact and Health Care Representative, I appoint JAMES A. MAGDZIARZ, to act as my Attorney-in Fact and Health Care Representative, in her place.

By giving me written notice while I am not incapacitated, my attorney-in-fact may resign or decline 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.

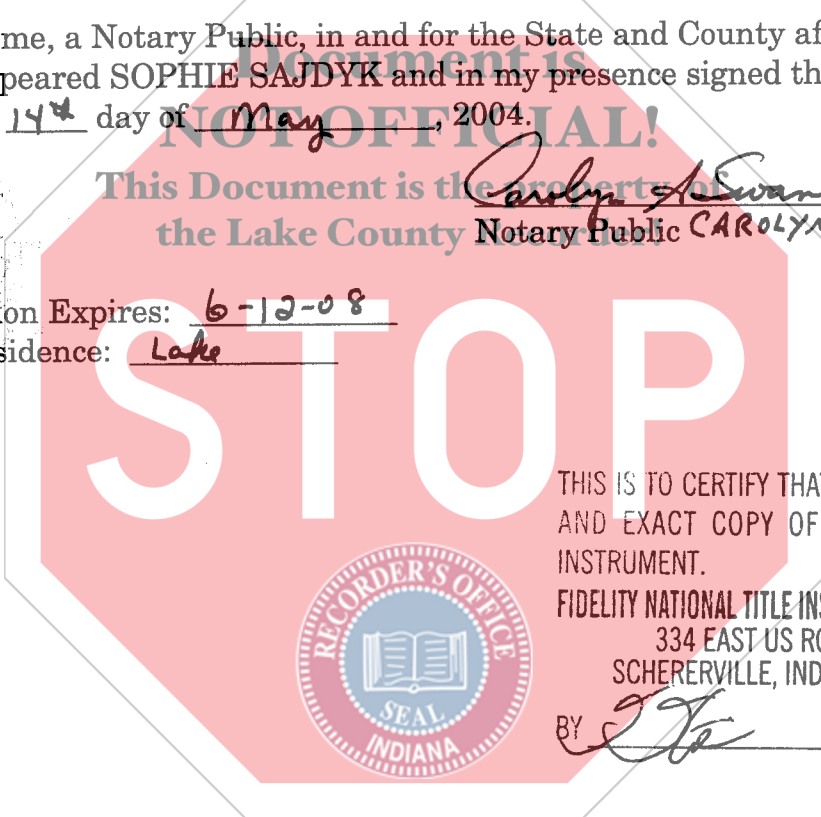
IN WITNESS WHEREOF, I have hereunto set my hand this 14th day of May, 2004.

Sophie Sajdyk
SOPHIE SAJDYK

Before me, a Notary Public, in and for the State and County aforesaid, personally appeared SOPHIE SAJDYK and in my presence signed this Power of Attorney this 14th day of May, 2004.

This Document is the property of Carolyn A. Swanson
the Lake County Notary Public CAROLYN A. SWANSON

My Commission Expires: 6-12-08
County of Residence: Lake



THIS IS TO CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL INSTRUMENT.

FIDELITY NATIONAL TITLE INSURANCE COMPANY
334 EAST US ROUTE 30
SCHERERVILLE, INDIANA 46375

BY [Signature]

This Instrument Prepared By:

Terrence M. Rubino
Attorney at Law
RUBINO, CROSMER, SMITH & SERSIC
202 Joliet St., Ste. 201
Dyer, IN 46311
219/322-8222

EXHIBIT "A"

Apartment No. 2 in Camellia Condominiums, a Horizontal Property Regime, as created by Declaration recorded September 29, 1978 as Document No. 493334, in the Office of the Recorder of Lake County, Indiana, together with the undivided interest in the common areas appertaining thereto.

45-07-30-458-002.000-027

