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**GENERAL DURABLE POWER OF ATTORNEY
FOR STANLEY ZAWADZKI**

**ARTICLE I
DESIGNATION OF AGENT**

CERTIFIED as a true and exact copy of this Original document.
Community Title Co.
By 

I, **Stanley Zawadzki** (d/o/b 09/25/1925), who resides at 4036 Wabash Avenue, City of Hammond, Lake County, State of Indiana 46327, being a mentally competent adult, do hereby designate and appoint my son, **Edward J. Zawadzki**, (d/o/b 04/09/1959), who resides at 1310 Stanton Avenue, Whiting, Indiana 46394, 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, and personal decisions for me in my name, place and stead as authorized in this document.

2015 SEP 15 05 26 15



In the event my said appointed Attorney-in-Fact shall be unable to serve or to continue to serve, I hereby designate and appoint, my son, **John J. Zawadzki**, (d/o/b 08/28/1967), who resides at 2725 Theresa Avenue, Waukegan, Illinois 60085, to serve as Successor Attorney-in-Fact.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
MICHAEL J. BROWN
RECORDER
2015 SEP 15 PM 1:4

In the event my both my said appointed Attorney-in-Fact and Successor Attorney-in-Fact shall be unable to serve or to continue to serve, I hereby designate and appoint, my son, **Michael A. Zawadzki**, (d/o/b 04/16/1958), who resides at 36036 Adelphi Avenue, Waukegan, Illinois 60087, to serve as Second Successor Attorney-in-Fact.

**ARTICLE II
REVOCATION OF PRIOR POWERS**

I hereby revoke all powers of attorney, general and/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.

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J.M. CM
A.A

ARTICLE III
GENERAL ASSET AND FINANCIAL POWERS

My Attorney-in-Fact is authorized, in his/her 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 interests by way of illustration and not intending any limitation, to do or perform the following:

1. Purchase, sell, mortgage, grant easements, convey, and lease any interest in real estate, wherever located, of which I may be the owner or have an ownership interest, now or hereafter; and perform all activities granted under I.C. 30-5-5-2.
2. Bargain for, contract concerning, buy, sell, encumber, and in any way and manner deal with my personal property for my support and the support of those persons to whom I owe an obligation of support; and perform all activities granted under I.C. 30-5-5-3.
3. 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, and perform all activities granted under I.C. 30-5-5-4.
4. Make, draw, and endorse promissory notes, checks, bills of exchange, or other negotiable instruments to which I may be entitled under the Uniform Commercial Code and to exercise any right with regard to the same including the right to waive demand, presentment, protest, notice of protest and notice of non-payment of all such instruments as well as the right to make deposits to and withdrawals from and to invest, reinvest, or renew any of my deposited checking, savings, certificates of deposit, or other accounts of whatever nature or wherever retained or deposited; to establish new or close out existing accounts of any nature pertaining to my funds and money; to utilize and expend any of my money from any such accounts, or if

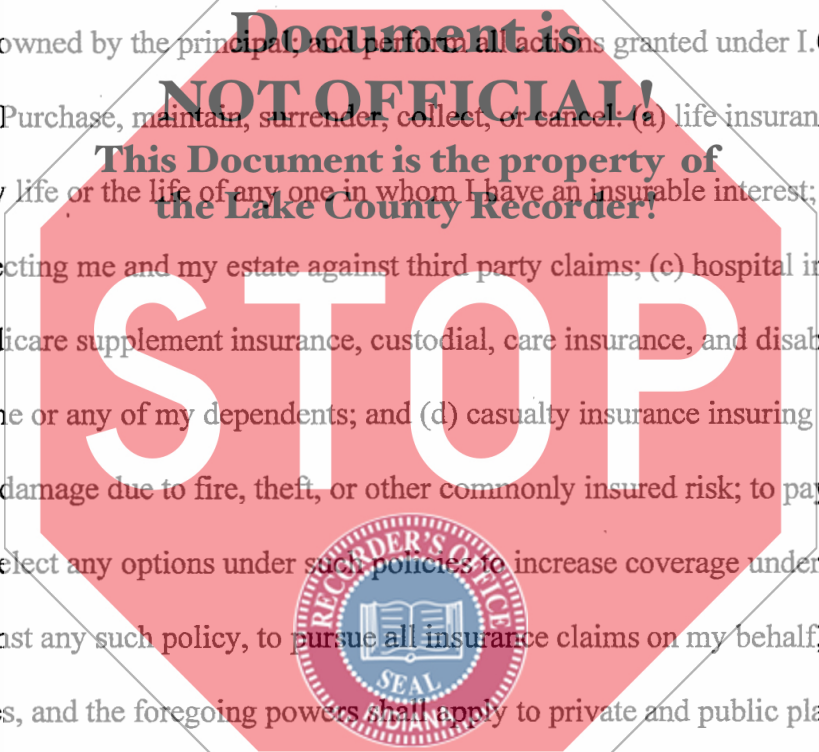


necessary to utilize my assets in the event my liquid funds are depleted or not readily available, for the payment of my just and lawful debts and bills, including the right to utilize my credit cards and charge accounts, in a manner that will best serve my financial interests according to the sole and absolute discretion of my said Attorney-in-Fact, to enter any lock box or safety deposit box in my name, and perform all banking activities granted under I.C. 30-5-5-5.

5. Discharge and perform any duty or liability, right, power, or privilege that the principal has under a partnership agreement; or take any action with regard to a sole proprietorship owned by the principal, and perform all actions granted under I.C. 30-5-5-6.

6. Purchase, maintain, surrender, collect, or cancel: (a) life insurance or annuities of any kind on my life or the life of any one in whom I have an insurable interest; (b) liability insurance protecting me and my estate against third party claims; (c) hospital insurance, medical insurance, Medicare supplement insurance, custodial, care insurance, and disability income insurance for me or any of my dependents; and (d) casualty insurance insuring assets of mine against loss or damage due to fire, theft, or other commonly insured risk; to pay all insurance premiums, to select any options under such policies to increase coverage under any such policy, to borrow against any such policy, to pursue all insurance claims on my behalf, to adjust insurance losses, and the foregoing powers shall apply to private and public plans, including but not limited to Medicare, Medicaid, SSI and Worker's Compensation; and perform all activities granted under I.C. 30-5-5-7.

7. Represent and act for the principal in all matters affecting a trust, a probate, an estate, a guardianship, a custodianship, an escrow, or other fund out of which the principal is entitled as a beneficiary, and perform all activities granted under I.C- 30-5-5-8.



8. Make gifts to organizations and individuals on behalf of the principal and perform any other activities in accord with the provisions of I.C. 30-5-5-9.

9. Represent and act for the principal in all ways and in all matters affecting a fund in which the principal is fiduciary and apply for and procure in the name of the principal letters of administration, letters testamentary, letters of guardianship, or any other type of judicial or administrative authority to act as a fiduciary; and perform all activities granted under I.C. 30-5-5-10.

10. Institute, supervise, prosecute, defend, represent me in, intervene in, abandon, compromise, arbitrate, settle, dismiss, and appeal from any and all legal, equitable, judicial, or administrative hearings, actions, suits, proceedings, attachments, arrests, decedent, or guardianship estate matters, for the protection of my personal or financial interests involving me in any way, including, but not limited to matters or proceedings with respect to claims by or against me arising out of property damages or personal injuries suffered or caused by me or under such circumstances that the loss resulting therefrom will or may be imposed on me and otherwise engage in litigation involving me, my property or any interest of mine, including any property or interest or person for which or whom I have or may have any responsibility and perform all activities granted under I.C. 30-5-5-11.

11. Perform acts necessary for maintaining the customary standard of living of the principal's spouse, children, and other persons customarily supported by the principal, and perform all activities granted under I.C. 30-5-5-12.

12. Execute vouchers in the name of the principal for allowances and reimbursements payable by the United States, a state, or a subdivision of a state to the principal and perform all actions granted under I.C. 30-5-5-13.

13. Keep records, hire and discharge accountants and attorneys, represent the principal, in all matters of taxation involving the Federal government, the government of any State or any local governmental unit, and to prepare, sign and file any documents or forms that may be required in any such tax matters; including my State and Federal income Tax Returns, and to receive and respond to any correspondence from these taxing agencies; and perform all actions granted under I.C. 30-5-5-14.

14. Accept, renounce, or claim a legacy, bequest, devise, gift, or other property on behalf of the principal; establish a revocable trust for the benefit of the principal, and perform all actions granted under I.C. 30-5-5-15.

15. Employ or contract with all types of health care providers on the principal's behalf; consent to or refuse health care for the principal in accordance with I.C. 16-8-11 and I.C.16-8-12, and perform all actions granted under I.C. 30-5-5-16 and I.C. 30-5-5-17.

16. To delegate authority to one (1) or more persons of any or all powers given my Attorney-in-Fact in accord with the provisions of I.C. 30-5-5-18.

17. To act as an alter ego of the principal with respect to all possible matters and affairs affecting the property owned by the principal that the principal can perform through an Attorney-in-Fact in accord with the provisions of I.C. 30-5-5-19.

All the powers granted an Attorney-in-Fact under Indiana Code 30-5-5-2 through 30-5-5-19 are granted to my said Attorney-in-Fact or his/her successor under this document.

ARTICLE IV **PERSONAL CARE POWERS**

With respect to the control and management of my person, I hereby appoint my Attorney-in-Fact, **Edward J. Zawadzki**, (d/o/b 04/09/1959), who resides at 1310 Stanton Avenue, Whiting, Indiana 46394, to act as my "Healthcare Representative." In the event my said

appointed Healthcare Representative shall be unable to serve or to continue to serve, I hereby designate and appoint, my son, **John J. Zawadzki, (d/o/b 08/28/1967), who resides at 2725 Theresa Avenue, Waukegan, Illinois 60085,** to serve as Successor Healthcare Representative.

In the event my both the said appointed Healthcare Representative and my said Successor Healthcare Representative shall be unable to serve or to continue to serve, I hereby designate and appoint, my son, **Michael A. Zawadzki, (d/o/b 04/16/1958), who resides at 36036 Adelphi Avenue, Waukegan, Illinois 60087,** to serve as Second Successor Healthcare Representative.

The Healthcare Representative or any duly appointed Successor Healthcare Representative are empowered to exercise all powers granted to him/her in this document and in addition my Healthcare Representative is authorized in his/her absolute discretion to exercise the following acts:

1. Do all acts necessary for maintaining my customary standard of living; to provide living quarters by purchase, lease, or other arrangement, or by payment of the operating costs of my existing living quarters, including interest amortization payments, repairs, and taxes; to provide normal domestic help for the operation of my household, to provide clothing, transportation, medicine, food, and incidentals; and, if necessary to make all necessary arrangements, contractual and otherwise, for me at any hospital, hospice, nursing home, convalescent home, or similar establishment, or in my own residence should I desire it and to assure that all of my essential needs are provided for at such a facility or in my own residence, as the case may be; and if in the judgment of my Attorney-in Fact I will never be able to return to my living quarters from a hospital, hospice, nursing home, convalescent home, or similar establishment, to lease sublease or assign my interest as lessee in any lease or protect or sell or otherwise dispose of my living quarters (investing the proceeds of any such sale as my

Attorney-in-Fact deems appropriate) for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate, and to store and safeguard or sell for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate, or otherwise dispose of any items of tangible personal property remaining in my living quarters which my Attorney-in-Fact believes I will never need again (and pay all costs there of); and as an alternative to such storage and safeguarding, to transfer custody and possession (but not title) for such storage and safekeeping of any such tangible personal property of mine to the person, if any, named in my will as the recipient of any such property;

2. Provide opportunities for me to engage in recreational and sports activities, including travel, as my health permits;
3. Provide for the presence and involvement of religious clergy or spiritual leaders in my care, provide them access to me at all times, maintain my memberships in religious or spiritual organizations or arrange for membership in such groups, and enhance my opportunities to derive comfort and spiritual satisfaction from such activities, including religious books, tapes, and other materials; all in the same or similar manner to which I have been accustomed or as determined by my Attorney-in-Fact to be appropriate;
4. Provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself; and,
5. Make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Attorney-in-Fact shall deem appropriate, including the right to establish a prepaid irrevocable funeral trust that will qualify as an "exempt resource" for Medicaid purposes if I have not previously done so or made any advance funeral arrangements myself.

I wish to live and enjoy life as long as possible. However, I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my Health Care Representative believes the burdens of the treatment outweigh the benefits. I want my Health Care Representative to consider the relief of suffering, the expense involved, and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

This notwithstanding I especially do not want my life to be prolonged and I do not want life-sustaining or artificial life support treatment if:

- i) I ever have a condition that is incurable or irreversible and, without the administration of life-sustaining treatment, is expected to result in death within a relatively short period of time; or
- ii) I am ever in a coma or persistent vegetative state, which is reasonably concluded to be irreversible.
- iii) I do not wish my life to be prolonged if it is necessary that my life be sustained through the assistance of a ventilator to aid my breathing.

With respect to nutrition and hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins or other force-feeding procedure, I wish to make it clear that I intend to include these procedures among the life-sustaining procedures that may be withheld or withdrawn under the above conditions.

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 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 consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

It is to be understood that as long as I remain capable of consenting to my own health care, I may at any time (i) revoke the appointment of my health care representative by notifying my said health care representative orally or in writing, or (ii) revoke the authority granted under this document to my health care representative by notifying the health care provider orally or in writing. Provided I do not make any such revocation at any time, the appointment of my health care representative or the authority granted to my health care representative hereunder shall not be affected by my subsequent disability, incompetence, or lapse of time. This appointment of a health care representative is not to be considered a contradiction of any living will I may execute, whether simultaneously herewith, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life sustaining or prolonging procedures shall take precedence and priority over any living will of mine.

ARTICLE V
PROVISION APPLICABLE TO ARTICLE III

With respect to Article III (general asset and financial 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

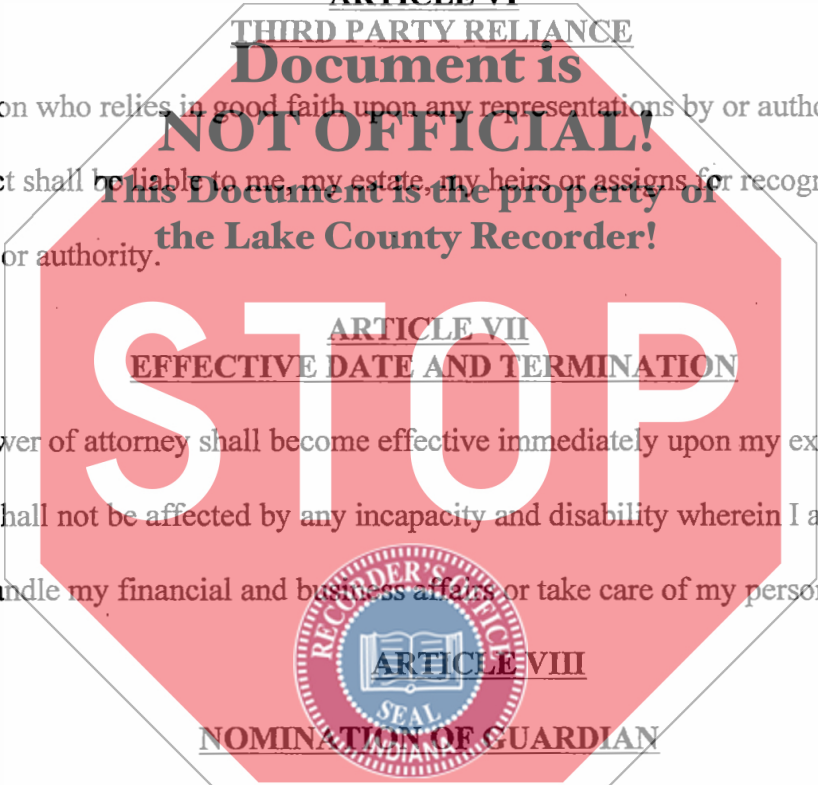
my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

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 VI

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.



ARTICLE VII

EFFECTIVE DATE AND TERMINATION

This power of attorney shall become effective immediately upon my execution of this document and shall not be affected by any incapacity and disability wherein I am no longer able to personally handle my financial and business affairs or take care of my personal needs.

ARTICLE VIII


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 J. Zawadzki**, (d/o/b 04/09/1959), who resides at 1310 Stanton Avenue, Whiting, Indiana 46394, hereinabove designated and appointed as my Attorney-in-Fact, to be my guardian. In the event that my Attorney-in Fact dies, resigns, or is unable to serve, then I nominate my son, **John J. Zawadzki**, (d/o/b

08/28/1967), who resides at 2725 Theresa Avenue, Waukegan, Illinois 60085, as my Successor Guardian.

In the event that my both my both my sons, **Edward J. Zawadzki and John J. Zawadzki**, are unable to serve or to continue to serve as Guardian, then I nominate my son, **Michael A. Zawadzki, (d/o/b 04/16/1958), who resides at 36036 Adelphi Avenue, Waukegan, Illinois 60087, as my Second Successor Guardian.**

**ARTICLE IX
MISCELLANEOUS PROVISIONS**

- Document is NOT OFFICIAL!**
This Document is the property of the Lake County Recorder!
STOP
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1. This durable power of attorney is intended to be valid and given full, faith and credit in any jurisdiction 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 result of carrying out any provisions of this instrument.
 3. My Attorney-in-Fact, including his/her heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, is 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 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/she shall deem appropriate. Each photocopy shall have the same force and affect as any original.

5. If any part or provisions 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 affecting the remaining parts or provisions of this instrument in any way.

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 General Durable Power of Attorney.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Stanley Zawadzki, who acknowledged the execution of the foregoing General Durable Power of Attorney on this 4th day of January, 2013.

WITNESS my hand and Notarial Seal.



Stanley Zawadzki
STANLEY ZAWADZKI

Heather King
Heather King

Residing in Lake County, Indiana

My Commission Expires: 12-25-2015

