

POWER OF ATTORNEY

I, Marion Bochenek, the undersigned, who presently resides at 507 Creekside Drive Lowell, IN 46356 make and constitute and appoint my true and lawful attorney in fact for me. She is empowered to act in my name and place and stead. I give her full power to do and perform each and every act that I may legally do through a power of attorney, and every power necessary to carry out the purposes for which this power is granted.

Specifically, she has power to execute all papers and documents which I may have executed myself, withdraw all amounts from any of my bank accounts and deal with my personal affairs in any manner in which I would have been entitled to deal with them. The person using the Power of Attorney shall use the same exclusively for my benefit and perform the other acts for my benefit.

Further she is authorized to maintain and take care of the residence I own located at 414 Pulaski Road Carmel City, Illinois 60409. This includes the power to sell that residence. If that is done the proceeds from that residence shall be used for my benefit and maintained in an account in my name.

Further I appoint her as my Health Care Agent and thus she has the power to make all health care decisions for me and included in this power are the following, without limitation to other health care decisions.

- (a) to employ or contract with servants, companions, or health care providers for me;
- (b) to consent to my admission to or release from a hospital or health care facility;

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STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D
MICHAEL B. BROWN
RECORDER

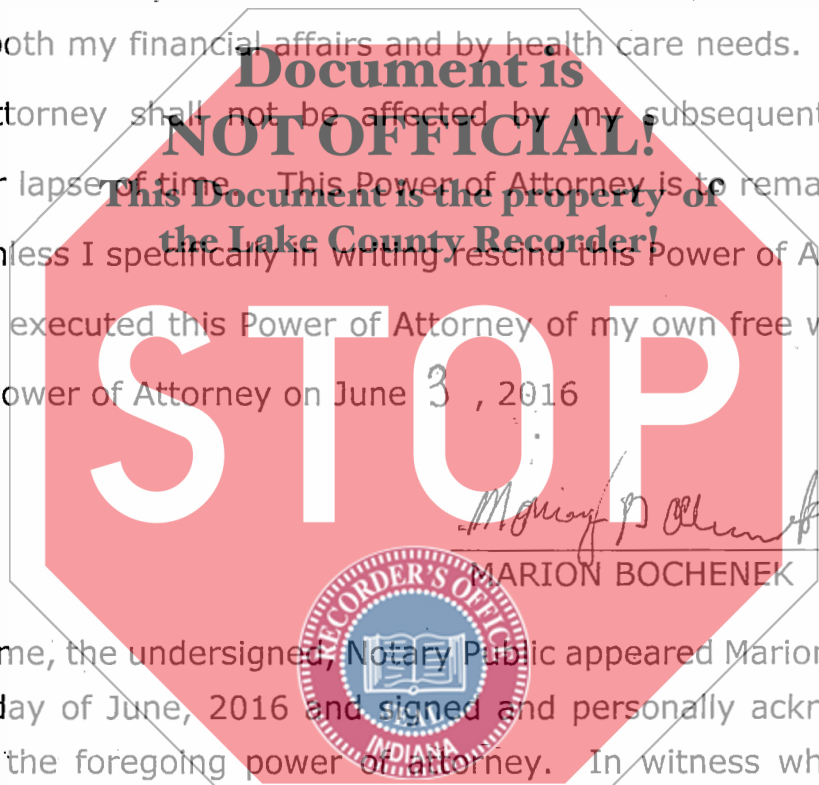


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- (c) to make decisions as to what medical treatment I am to have;
- (d) to have access to records, including medical records, concerning my condition;
- (e) to make any and all other decisions that need to be made concerning my physical and emotional health

To the extent that I am able I will continue to participate in all decisions concerning both my financial affairs and by health care needs. However, this Power of Attorney shall not be affected by my subsequent disability or incapacity or lapse of time. This Power of Attorney is to remain in full force and effect unless I specifically in writing rescind this Power of Attorney.

I have executed this Power of Attorney of my own free will and I have signed this Power of Attorney on June 3, 2016



Marion Bochenek
MARION BOCHENEK

Before me, the undersigned, Notary Public appeared Marion Bochenek on the 3rd day of June, 2016 and signed and personally acknowledged the execution of the foregoing power of attorney. In witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission expires 7/31/2022. I am a resident of Lake, County, Indiana.

ANGELA D LENNON
NOTARY PUBLIC
SEAL
STATE OF INDIANA
My Commission Expires July 31, 2022

Angela D Lennon
Notary Public

"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."
PREPARED BY: *TP*

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 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MICHAEL B. BROWN
 RECORDER
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