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This is to certify that this is a true and exact copy of the original instrument.
CHICAGO TITLE INSURANCE CO.
Indiana Division

By Kathleen J. Zdanowicz

POWER OF ATTORNEY

I, KATHLEEN J. ZDANOWICZ, of Lake County, Indiana, hereby appoint my son ANTHONY W. ZDANOWICZ, whose address is 10589 Floyd, Crown Point, IN 46307, as my attorney in fact, to do and perform for me and in my name the acts and things more specifically described in Article I of this Power Of Attorney (hereinafter referred to as "instrument" or "Power of Attorney"), all subject to the terms and conditions of Article II through and including Article V of this Power of Attorney.

ARTICLE I

Grant of Powers

A. I grant to my said attorney in fact (hereinafter called "attorney in fact") the power to act for me as set forth and provided in Indiana Code 30-5-5-2 to and including Indiana Code 30-5-5-17, and I hereby incorporate those powers into this Power of Attorney by the above specific citation. I also incorporate those powers into this Power of Attorney by reference to the descriptive language of the above cited sections of the Indiana Code (hereinafter referred to as "IC") as follows:

1. My attorney in fact shall have authority to act for me with respect to real estate transactions as set forth and provided in IC 30-5-5-2.
2. My attorney in fact shall have authority to act for me with respect to tangible personal property transactions as set forth and provided in IC 30-5-5-3.
3. My attorney in fact shall have authority to act for me with respect to bond, share and commodity transactions as set forth and provided in IC-30-5-5-4.
4. My attorney in fact shall have authority to act for me with respect to banking transactions as set forth and provided in IC 30-5-5-5.
5. My attorney in fact shall have authority to act for me with respect to business operating transactions as set forth and provided in IC 30-5-5-6.
6. My attorney in fact shall have authority to act for me with respect to insurance transactions as set forth and provided in IC 30-5-5-7.

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STATE OF INDIANA
LAKE COUNTY
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7. My attorney in fact shall have authority to act for me with respect to beneficiary transactions as set forth and provided in IC 30-5-5-8.
8. My attorney in fact shall have authority to act for me with respect to gift transactions as set forth and provided in IC 30-5-5-9.
9. My attorney in fact shall have authority to act for me with respect to fiduciary transactions as set forth and provided in IC 30-5-5-10.
10. My attorney in fact shall have authority to act for me with respect to claims and litigation as set forth and provided in IC 30-5-5-11.
11. My attorney in fact shall have authority to act for me with respect to family maintenance as set forth and provided in IC 30-5-5-12.
12. My attorney in fact shall have authority to act for me with respect to benefits, if any, from military service as set forth and provided in IC 30-5-5-13.
13. My attorney in fact shall have authority to act for me with respect to records, reports and statements as set forth and provided in IC 30-5-5-14.
14. My attorney in fact shall have authority to act for me with respect to estate transactions as set forth and provided in IC 30-5-5-15.
15. My acting health care representative shall have authority to act for me with respect to health care powers as set forth and provided in IC 30-5-5-16, and in reference to the specific authority of an attorney in fact to consent to or refuse health care on my behalf under IC 30-5-5-16 (b) (2) and IC 30-5-5-17, I have concurrently with the execution of this Power of Attorney also executed my Appointment Of Health Care Representative, wherein I have appointed my son, ANTHONY W. ZDANOWICZ, and successors, as my health care representative, which Appointment Of Health Care Representative is attached to this Power of Attorney.
16. By virtue of the provisions of subparagraph 15 above, my acting health care representative is hereby empowered to ask, in my name, for health care to be withdrawn or withheld when it is not beneficial to me, or when any benefit is outweighed by the demands of the treatment and my death may result, as set forth and provided in IC 30-5-5-17, and in compliance with the provisions of IC 30-5-5-17 (a) I have included in my said Appointment of Health Care Representative the language required by IC 30-5-5-17 (a).
17. My attorney in fact shall have authority to act for me with respect to delegating authority as set forth and provided in IC 30-5-5-18.
18. My attorney in fact shall have authority to act for me with respect to all other matters as set forth and provided in IC 30-5-5-19.

B. It is not my intention to grant any beneficial interest in my property to my attorney in fact by this Power of Attorney. It is my intention to grant to my attorney in fact administrative power and authority of management and investment of my property and health care powers, which are to be exercised in a fiduciary capacity for my benefit and not for the personal benefit of my attorney in fact.

My attorney in fact shall be entitled to reasonable compensation for the faithful performance of his duties under this instrument and shall be entitled to reimbursement for reasonable expenses incurred in the performance of said duties.

ARTICLE II

Effective Date

A. This Power of Attorney shall become effective upon execution, and shall not be affected by my subsequent disability or incapacity.

B. Any person to whom this Power of Attorney is presented shall be fully protected and free from all liability pertaining to their activities taken in reliance upon this Power of Attorney, and they shall have no duty whatsoever to inquire into the accuracy of any matter set forth in this Power of Attorney unless such person has actual knowledge (not constructive knowledge) of the inaccuracy of any such matter.

ARTICLE III

Nomination of Guardian

If proceedings are ever initiated for the appointment of a guardian, conservator or similar representative for my person and/or my estate, I hereby nominate the person then acting as my attorney in fact under this Power of Attorney to be appointed to that office.

ARTICLE IV

Successor Attorney in Fact

A. In the event my son, ANTHONY W. ZDANOWICZ, resigns, dies, declines to serve, ceases to serve or becomes incapable of serving as my attorney in fact, I hereby appoint my son, MICHAEL D. ZDANOWICZ, as my successor attorney in fact.

B. Each successor attorney in fact shall have all the duties, powers and authority of the original attorney in fact.

C. A successor attorney in fact shall establish his or her status as such successor to all persons by his or her affidavit setting forth the facts which establish his or her status as such successor. All such persons who deal with a successor attorney in fact shall be fully protected and free from all liability pertaining to their activities taken in reliance upon such affidavit of such successor attorney in fact, and they shall have no duty whatsoever to inquire into the accuracy of any matter set forth in such affidavit unless they have actual knowledge (not constructive knowledge) of the inaccuracy of any such matter.

ARTICLE V

Miscellaneous Provisions

A. Any act or thing lawfully done hereunder by my attorney in fact shall be binding on me, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until actual knowledge thereof shall have been received by my said attorney.

B. This Power of Attorney shall be interpreted and governed in accordance with Indiana law.

C. I hereby revoke all prior grants of power of attorney.

IN WITNESS WHEREOF, I have signed this Power of Attorney this 8 day of July, 2008.

GRANTOR:

Kathleen J. Zdanowicz
KATHLEEN J. ZDANOWICZ

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 8 day of July, 2008, personally appeared KATHLEEN J. ZDANOWICZ and acknowledged the execution of this Power of Attorney to be her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Michelle Y. Groff
Notary Public, Michelle Y. Groff
County of Residence: Lake

My Commission Expires:
8/8/09

This instrument prepared by Mary Linda Casey, LUCAS, HOLCOMB & MEDREA, LLP, Easton Court, 300 East 90th Drive, Merrillville, Indiana 46410.

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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