

953947

DURABLE POWER OF ATTORNEY

I, ELNA CHESTERFIELD, of Rt 3, South 7th Street, Apt. 4, Onaway, MI 49765, hereby appoint my nephew, Gary L. Poch, of 13701 Lauerman, Cedar Lake, IN 46303.

I grant to my attorney in fact the following powers:

1. General Powers

To perform any act, power, duty or obligation which I now have, or may hereafter acquire, concerning any person, transaction or property, including but not limited to the following:

(a) To demand, sue for, settle, and collect all money, debts or other property rights (both tangible and intangible) of any kind and to make any required releases, receipts, or discharges for the same.

(b) To sell, for cash or credit, any real or personal property, and to execute all documents necessary to accomplish the sale, or to enter into any lease, mortgage or pledge.

(c) To invest my money or property in such assets, real or personal, as my attorney in fact may think proper.

(d) To manage, repair, improve, or insure any property.

(e) To vote any security I own, in person or by proxy.

*no real estate*

DEC 10 2 23 PM '87

STATE OF INDIANA/S.S. NO.  
LACE COUNTY  
FILED FOR RECORD

MILLIAN BLASTICK  
L.C. RECORDER

*MS*

(f) To deposit or withdraw money or commercial paper from any bank, person or institution.

(g) To enter any safety deposit box(es) of which I am a tenant with full power to withdraw or change the contents, hereby releasing the bank from any liability.

(h) To use my money to pay my bills, debts, taxes or other obligations.

(i) To borrow on such terms and with such security as he may think fit.

(j) To prepare and sign reports and returns for any and all tax purposes on my behalf, collect my income tax returns, and agree to changes in my income tax returns with the Internal Revenue Service or Michigan Department of Treasury.

(k) To apply for, endorse or transfer certificates of title for any vehicles.

(l) To make, sign endorse, deliver or receive such applications, contracts, deeds, security agreements, bills of sale, leases, mortgages, assignments or other instruments of any kind which are necessary in the exercise of the rights and powers granted to my attorney in fact.

2. Personal and Medical Care

To make all decisions necessary for my proper treatment, care and custody, including but not limited to the following:

(a) To hire, pay for and discharge domestic help or nursing services.

(b) To give informed consent or refusal to any medical care, diagnosis, surgical procedure, therapeutic procedure, physical rehabilitation program, psychiatric or psychological treatment.

(c) To give informed consent or refusal to my admission to any hospital, medical center, nursing home or mental institution.

(d) To give informed consent or refusal to the use of any drugs, medication or therapeutic devices.

(e) To execute waivers and medical authorizations.

### 3. Termination of Treatment and Life Support

I wish to live and enjoy life as long as possible but I do not wish to receive futile medical treatment, which I define as treatment that will provide no benefit to me and will only prolong my inevitable death or irreversible coma. I desire that my wishes be carried out through the authority given to my attorney in fact by this document despite any contrary feelings, beliefs or opinions of other members of my family, relatives or friends. In exercising the authority given to my attorney in fact herein, my attorney in fact should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes.

My attorney in fact is further instructed that if I am unable to give an informed consent to medical treatment, my attorney in fact shall give or withhold such consent for me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my attorney in fact cannot determine the treatment choice I would want made upon the circumstances, then my attorney in fact should make such choice for me based upon what my attorney in fact believes to be in my best interests.

Accordingly, if:

(a) Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that my condition is incurable, terminal and expected to result in my death within twelve months regardless of what medical treatment I may receive, and they have determined that I am unable to give informed consent to medical treatment, or

(b) Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that I have been in a coma for at least fifteen days and that the coma is irreversible, meaning that there is no reasonable possibility of my ever regaining consciousness, then my attorney in fact is authorized as follows:

(1) To sign on my behalf any documents

necessary to carry out the authorizations described below, including waivers or releases of liability required by any health care provider.

(2) To give or withhold consent to any medical care or treatment, to revoke or change any consent previously given or implied by law for any medical care or treatment, and to arrange for my placement in or removal from any hospital, convalescent home, hospice or other medical facility.

(3) To require that medical treatment which will only prolong my inevitable death or irreversible coma (including by way of example only such treatment as cardio-pulmonary resuscitation, surgery, dialysis, the use of a respirator, blood transfusions, antibiotics, antiarrhythmic and pressor drugs or transplants) not be instituted or, if previously instituted, to require that it be discontinued.

(4) To require, if I have been in an irreversible coma as defined above for thirty days or more, that procedures used to provide me with nourishment and hydration (including, for example, parenteral feeding, intravenous feedings, misting, and endotracheal or nasogastric tube use) not be instituted or, if previously instituted, to require that they be discontinued, but only if the two physicians described above also determine that I will not experience pain as a result of the withdrawal of nourishment or hydration.

4. Reimbursement of Expenses

My attorney in fact may be reimbursed from my account(s) for all reasonable out-of-pocket expenses incurred while acting in my behalf.

5. Disability/Commencement and Termination

This power of attorney will not be affected by my disability, incapacity or incompetence. The rights, powers and authority of my attorney in fact will commence on the date hereof and will remain in full force and effect until terminated by written notice by me.

6. Power of Principal

This power of attorney will not prevent me from acting on my own behalf.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5 day of September, 1986.

IN PRESENCE OF:

Sue August

Elna Chesterfield  
Elna Chesterfield

Sherry Harper

STATE OF INDIANA )  
COUNTY OF LAKE )

Subscribed and sworn to before me, a Notary Public this 5 day of September 1986.

William M. Weert  
Notary Public  
Notary for Lake County Indiana  
Commission Expires: 1-19-90

THIS INSTRUMENT PREPARED BY

Elinor Weert