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**DURABLE POWER OF ATTORNEY**

**AND**

**LIVING WILL**

**OF**

**MILDRED HELEN VAN BUSKIRK**

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I, MILDRED HELEN VAN BUSKIRK, of 6746 Forestdale, Hammond, Indiana 46323, declare this to be my Durable Power Of Attorney and Living Will, revoking all previous Durable Power Of Attorney(s) and/or Living Will(s). For all purposes of my Durable Power of Attorney and Living Will, it is my express intent that my legal residence and domicile is 6746 Forestdale, Hammond, Lake County, Indiana 46323. Furthermore, the laws of the State Of Indiana shall govern any and all disputes, causes of action and/or controversies.

Death is as much a reality as birth, growth, maturity and old age. It is the certainty of life. If the time comes when I can no longer take part in decisions for my own future, let this declaration stand as an expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

1/17/90  
DATE

INITIALS

Forestdale  
Rt 16 Bl 1  
# 33-99-16

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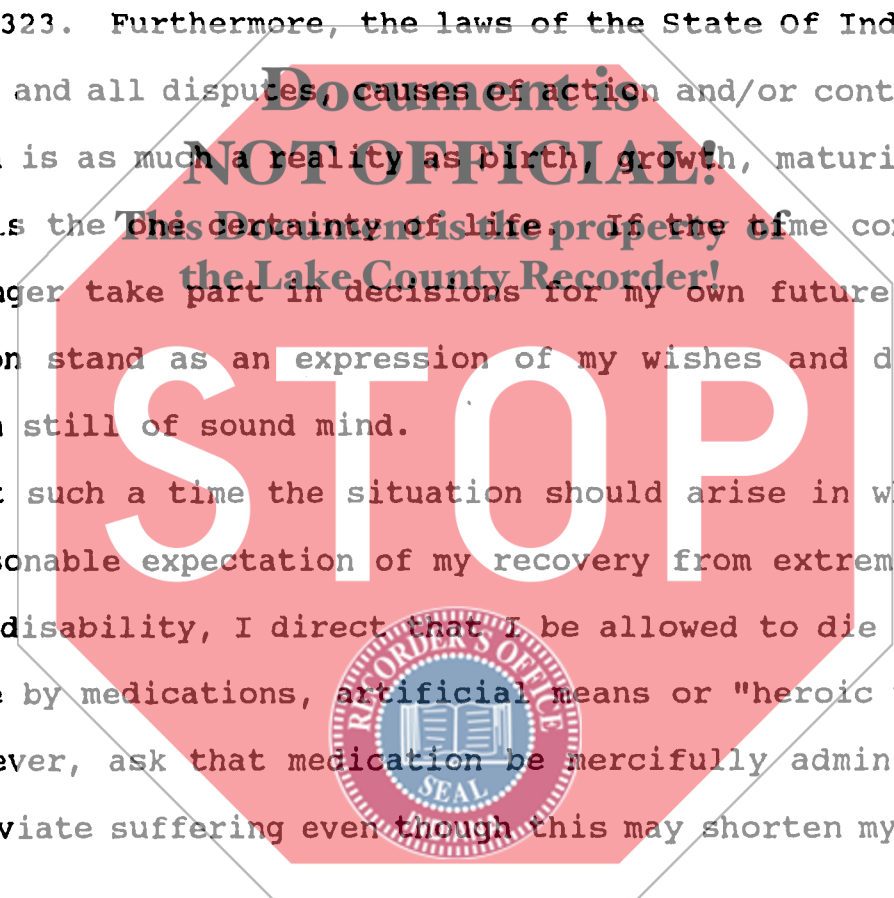
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Ann R. Anton  
ALBERT LAW OFFICE

M.H.V.

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STATE OF INDIANA  
DEPARTMENT OF REVENUE  
TAX DIVISION  
REC'D  
FEB 1990

**LIVING WILL DECLARATION, DURABLE POWER OF ATTORNEY  
AUTHORIZATION AND AUTHORIZED HEALTH CARE  
REPRESENTATIVE DESIGNATION**

**A. Living Will Declarations**

This Declaration is made this 17th day of January, 1990. I, Mildred Helen Van Buskirk, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time I have an incurable injury, disease, or illness certified in writing to be a terminable condition by my attending physician, and my attending physician has determined that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the provision of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort, care and/or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

**B. Durable Power of Attorney Authorization**

Pursuant to Indiana Code Provisions §30-2-11-1 through §30-2-11-7 and the laws of the State of Indiana:

This durable power of attorney shall not be affected by subsequent disability or incapacity of the principal and maker of this Living Will, Mildred Helen Van Buskirk, or lapse of time.

1/17/90  
DATE

M. H. V.  
INITIALS

Further, this durable power of attorney shall become effective upon the disability or incapacity of the principal and maker of this Durable Power Of Attorney and Living Will, Mildred Helen Van Buskirk.

I do hereby appoint my Son, Robert Van Buskirk, of 6815 Schneider Avenue, Hammond, Indiana 46323, as my attorney-in-fact.

My attorney-in-fact shall have the following rights and powers:

1. To exercise any and all decision-making rights, powers and authority under my Living Will.

2. To make, draw and endorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest and notice of non-payment of all such instruments.

3. To make any and all contracts, releases, agreements, assignments of rights, delegation of duties and legal covenants.

4. To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due or payable to the principal and maker of this Durable Power Of Attorney and Living Will.

5. To receive any and all confidential information.

6. To file suit, take any legal action and to perform any and all acts which the principal and maker of this Durable Power Of Attorney and Living Will can perform.

7. A. To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which the principal and maker herein is the owner now, or may be the owner hereafter.

B. To execute and file tax returns.

C. To execute instruments to effect the transfer of title to any motor vehicle owned by the principal and maker herein.

D. To bargain for, contract concerning, buy, sell, mortgage and in any and every way deal with personal property of any kind or nature.

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M.H.V.  
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8. All acts done by my attorney-in-fact pursuant to this durable power of attorney during any period of disability or incapacity of the principal and maker of this Durable Power Of Attorney and Living Will shall have the same effect and inure to the benefit of and bind the principal and the principal's heirs, executors, assigns, administrators and successors in interest as if the principal were competent and not disabled.

9. My attorney-in-fact shall have all the rights, powers and authority delineated in the Indiana Uniform Durable Power of Attorney Act. (Indiana Code Provisions§30-2-11-1 through§30-2-11-7).

10. My attorney-in-fact shall also have the following rights and powers, and any others that may be granted by law with respect to this Durable Power Of Attorney and Living Will, to be exercised as my attorney-in-fact decides to be in the best interest of the principal and maker of this Durable Power Of Attorney and Living Will.

a. To retain any property or undivided interest in property received from any source, including residential property, regardless of any lack of diversification, risk, or non-productivity;

b. To retain uninvested cash;

c. To invest and reinvest the principal's estate in bonds, notes, or stocks of corporations regardless of class; real estate or any interest in real estate, any interest in trust, including common funds or mutual funds, or in any other property or undivided interest in property wherever located, without being limited to any statute or rule of law concerning investments by trustees;

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DATE

MS. H. V.  
INITIALS

d. To sell any assets, for cash or on credit, at public or private sales, to exchange any assets for other assets; to grant options to purchase or acquire any assets; and to determine the prices and terms of sales, exchanges, and options;

e. To operate, maintain, repair, rehabilitate, alter, improve or remove any improvements on real estate; to make leases and sub-leases for terms of any length, even though the terms may extend beyond the termination of the trust; to subdivide real estate; to grant easements, to give consents and make contracts relating to real estate or its use; to release or dedicate any interest in real estate;

f. To borrow money upon terms and conditions as may appear to be proper;

g. To employ auditors, depositaries and agents, with or without discretionary powers, to exercise in person or by proxy all voting and other rights with respect to stocks or other securities; and to keep any property in bearer form or in the name of a trustee or a nominee, with or without disclosure of any fiduciary relationship;

h. To determine in accordance with the law in effect at the time of the determination, or in an equitable manner in those cases not then clearly covered by that law, the allocation or appointment of all receipts and disbursements between income and principal, and to charge any part of its annual compensation against principal;

i. To receive additional property from any source;

j. To make division or distribution in money or in kind; or partly in either, at values to be determined by the attorney-in-fact; and the judgment of the attorney-in-fact in such respects shall be binding upon all interested parties;

1/17/90  
DATE

M. J. V.  
INITIALS

k. To establish out of income and credit to principal reasonable reserves for the depreciation of tangible property;

l. To purchase insurance of any kind, including liability insurance;

m. To continue the operations of any business operated by the principal and maker of this Living Will.

n. To buy and sell real estate and/or any interest in real estate owned by the principal and maker herein.

**C. Authorized Health Care Representative Designation**

My health care representative pursuant to Indiana Code Provisions §16-8-12-1 through §16-8-12-12, shall be my Son, ROBERT VAN BUSKIRK of 6815 Schneider Avenue, Hammond, Indiana 46323. My health care representative shall have full power and authority to do any lawful act for me in my name, to make all decisions related to my personal health care, including but not limited to:

a. The power to employ servants, companions, nurses or doctors to care for me.

b. The power to admit or release me from any hospital or health care facility.

c. The power to consent on my behalf to any treatment, physical or psychiatric, or surgical procedure for any injury or disease from which I may be suffering.

d. The power to have access to any medical records concerning my condition.

e. The power to make anatomical gifts on my behalf.

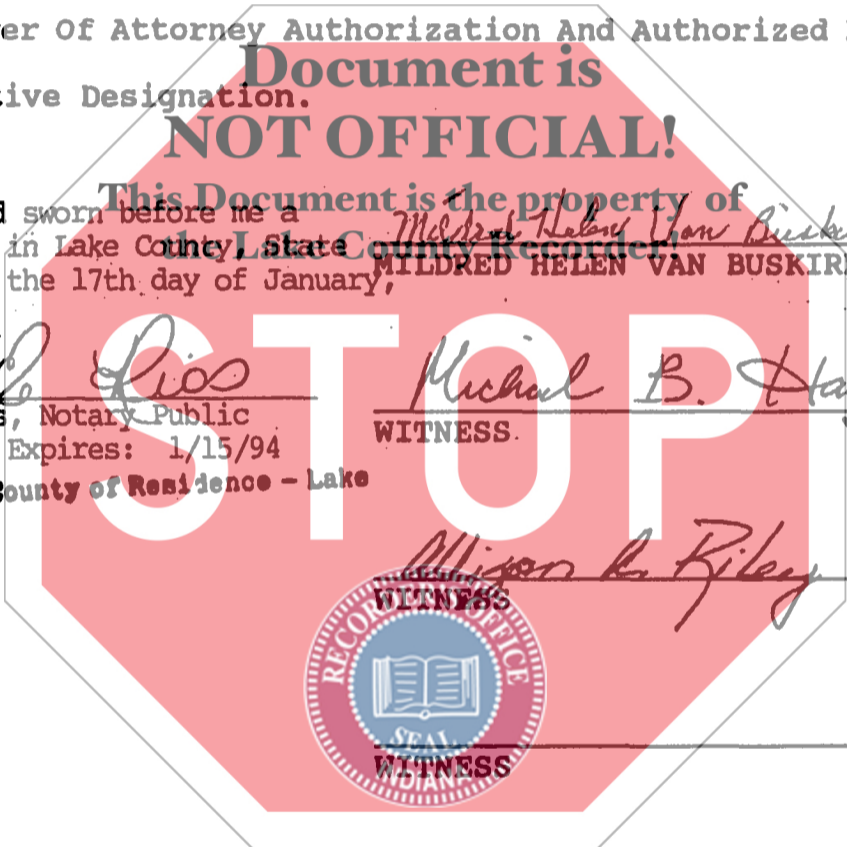
f. The power as my health care representative to act for me in matters of health care in accordance with Indiana Code Provisions §16-8-12-1 through §16-8-12-12, including the authorization to delegate all or part of this authority to any eligible individual who has not been disqualified as provided in Indiana Code Provisions §16-8-12-1 through §16-8-12-12.

1/17/90  
DATE

M H U.  
INITIALS

g. The power to demand on my behalf that medical therapy be discontinued or not be instituted, including but not limited to cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusion, nasogastric tube use, intravenous feedings, endotracheal tube use, antibiotics and organ transplants. My health care representative shall try to discuss this decision with me; however, if I am unable to communicate, my health care representative shall make the decision guided by my previously expressed preferences and secondarily by the physician's diagnosis.

I understand the full impact of this Living Will Declaration, Durable Power Of Attorney Authorization And Authorized Health Care Representative Designation.



Subscribed and sworn before me a Notary Public in Lake County, State of Indiana on the 17th day of January, 1990.

Raguel E. Rios  
 Raguel E. Rios, Notary Public  
 My Commission Expires: 1/15/94  
 County of Residence - Lake

Michael B. Haughee  
 WITNESS.

Allison A. Riley  
 WITNESS

**SELF-PROOF OF DURABLE POWER OF ATTORNEY AND OF LIVING WILL CLAUSE**

UNDER THE PENALTIES FOR PERJURY, we MILDRED HELEN VAN BUSKIRK, Michael B. Haughee, Allison A. Riley, and \_\_\_\_\_, whose names are signed to the attached and foregoing instrument declare:

1/17/90  
 DATE

M. H. V.  
 INITIALS

1. That MILDRED HELEN VAN BUSKIRK executed the Instrument as her Durable Power Of Attorney And Living Will;

2. That in the presence of all Witnesses, she signed or acknowledged her signature already made or directed another to sign for her in her presence;

3. That she executed the Durable Power Of Attorney And Living Will as her free and voluntary act for the purposes expressed in it;

4. That each of the Witnesses, in the presence of MILDRED HELEN VAN BUSKIRK and each other signed the Durable Power Of Attorney and Living Will as witnessed;

5. That MILDRED HELEN VAN BUSKIRK was of sound mind;

6. That to the best of each Witnesses' knowledge MILDRED HELEN VAN BUSKIRK was at the time eighteen (18) or more years of age or was a member of the armed forces or the merchant marine of the United States, or its allies;

7. That MILDRED HELEN VAN BUSKIRK knew and understood the nature and extent of her property, and she intended to execute her Durable Power Of Attorney and Living Will as was done herein;

8. The declarant has been personally seen by each Witness, and each Witness believes her to be of sound mind;

9. No Witness signed the declarant's signature above for or at the direction of the declarant;

10. No Witness is a parent, spouse or child of the declarant;

11. No Witness is entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care;

1/17/90  
DATE

M. H. V.  
INITIALS



12. Each Witness is competent and at least eighteen (18) years old.

Michael B. Hauge residing at 219 North Broad St.  
DATE 1/17/90 Griffith, IN. 46319

Allison A. Riley residing at 503 Monroe St.  
DATE 1/17/90 Valparaiso IN 46383

\_\_\_\_\_ residing at \_\_\_\_\_  
DATE \_\_\_\_\_



1/17/90  
DATE

M.H.V.  
INITIALS