

5

91020777

RETURN TO:
BARBER & SORBELLO
517 N. MAIN ST.
CROWN POINT, IN. 46307

**GENERAL DURABLE POWER OF ATTORNEY
GIVEN BY BARBARA MAMULA, PRINCIPAL**

I, BARBARA MAMULA, of Lake County, Indiana, as principal (the "Principal") have this day appointed my daughter, KATHERINE PETERMAN, of Lake County, Indiana, to serve as my agent ("Agent") and to exercise the powers set forth below.

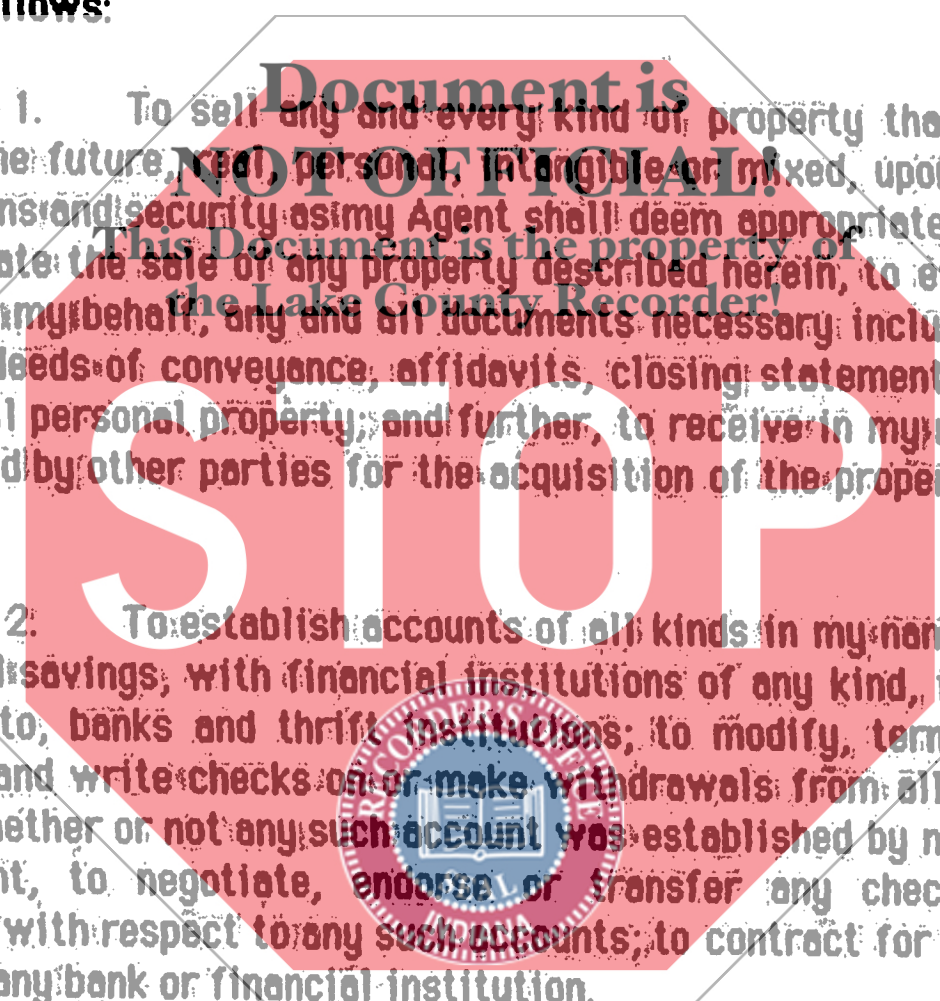
Article I. My Agent is authorized in my Agent's sole and absolute discretion, from time to time, and at any time, with respect to any and all of my property and interests in property, real, personal, intangible and mixed, as follows:

1. To sell any and every kind of property that I may own now or in the future, real, personal, intangible or mixed, upon such terms and conditions and security as my Agent shall deem appropriate; and further to consummate the sale of any property described herein, to execute in my name and on my behalf, any and all documents necessary including, but not limited to, deeds of conveyance, affidavits, closing statements, and titles to any and all personal property; and further, to receive in my name any and all funds paid by other parties for the acquisition of the property described herein.

2. To establish accounts of all kinds in my name, including, checking and savings, with financial institutions of any kind, including but not limited to, banks and thrift institutions; to modify, terminate, make deposits to and write checks on or make withdrawals from all accounts in my name, whether or not any such account was established by me or for me, by my Agent, to negotiate, endorse or transfer any checks or other instruments with respect to any such accounts; to contract for any services rendered by any bank or financial institution.

3. To contract with any institution for the maintenance of a safety deposit box in my name; to have access to all safety deposit boxes in my name or with respect to which I am an authorized signatory, whether or not the contract for such safety deposit box was executed by me or by my Agent in my name; to add to and remove from the contents of any such safety deposit box and to terminate any and all contracts for such boxes.

4. To insure my life or continue life insurance policies now or hereafter owned by me; to pay all insurance premiums; to pursue all insurance claims on my behalf; to purchase and/or maintain and pay all premiums for medical insurance covering me; to carry insurance of such



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

MAY 16 10 56 AM '91
CLERK OF COURTS
LAKE COUNTY, INDIANA

14.00

Kind and in such amounts as my Agent shall deem appropriate to protect my assets against any hazard and/or to protect me from liability; to pay the premiums therefor; to pursue claims thereunder.

Article II. My Agent is authorized in my Agent's sole and absolute discretion from time to time to exercise the authority described below relating to matters involving my health and medical care. In exercising the authority granted to my Agent herein, my Agent is instructed to try to discuss with me the specifics of any proposed decision regarding my medical care and treatment. My Agent is further instructed that if I am unable to give an informed consent to medical treatment, my agent 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 Agent cannot determine the treatment choice I would want made under the circumstances, then my Agent should make such choice for me based upon what my Agent believes to be in my best interests. Accordingly, my Agent is authorized as follows:

1. To request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information and to disclose such information to such persons, organizations, firms or corporations as my Agent shall deem appropriate.

2. To employ and discharge medical personnel including physicians, psychiatrists, dentists, nurses, and therapists as my Agent shall deem necessary for my physical, mental and emotional well being, and to pay them, or any of them, reasonable compensation.

3. To give consent to any medical procedures, tests or treatments, including surgery; to arrange for my hospitalization, convalescent care, hospice or home care; to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my Agent shall deem appropriate; and under circumstances in which my Agent determines that certain medical procedures, tests or treatments are no longer of any benefit to me or, based on instructions previously given by me are not desired by me regardless of benefit, to revoke, withdraw, modify or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care which I or my Agent may have previously allowed or consented to or which may have been implied due to emergency conditions. My Agent should try to discuss the specifics of any proposed decision regarding my medical care and treatment

with me if I am able to communicate in any manner. If I am unconscious or otherwise unable to communicate with my Agent, then my Agent's decision should be guided by taking into account (1) the foregoing provisions of this paragraph, (2) any preferences that I may previously have expressed on a subject, (3) what my Agent believes I would want done in the circumstances if I were able to express myself, and (4) any information given to my Agent by the physicians treating me as to my medical diagnosis and prognosis.

4. To exercise my right of privacy; to make decisions regarding my medical treatment and my right to be left alone even though the exercise of my right might hasten my death or be against conventional medical advise.

5. To consent to and arrange for the administration of pain relieving drugs of any kind, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment of (but not intentionally cause) my death; to authorize, consent to and arrange for unconventional pain relief therapies which my Agent believes may be helpful to me.

6. To grant, in conjunction with any instructions given under this article, releases to hospital staff, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instructions given by my Agent or who render written opinions to my Agent in connection with any matter described in this article from all liability for damages suffered or to be suffered by me; to sign documents titled or purporting to be a "refusal to permit treatment" and "leaving hospital against medical advice" as well as any necessary waivers of or releases from liability required by any hospital or physician to implement my wishes regarding medical treatment or non treatment.

Article III. This power of attorney shall not be affected by the subsequent disability or incapacity of the principal or lapse of time.

Article IV. The following provisions shall apply:

1. If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

2. This instrument shall be governed by the laws of the State of Indiana in all respects.

3. This instrument may be amended or revoked by me, and my agent, may be removed by me at any time by the execution by me of a written instrument of revocation, or removal delivered to my Agent. My Agent may resign by the execution of a written resignation delivered to me, or if I am mentally incapacitated, by delivery to any person with whom I am residing or who has the care and custody of me or in the case of an alternate agent, by delivery to my Agent.

4. This instrument has been executed in duplicate. Both duplicate originals shall have equal force and effect.

5. My Agent is authorized to make photocopies of this instrument as frequently and in such quantity as my Agent shall deem appropriate. All photocopies shall have the same force and effect as the original.

IN WITNESS WHEREOF, I have executed this durable power of attorney this 2nd day of April, 1991.

Barbara Mamula
BARBARA MAMULA

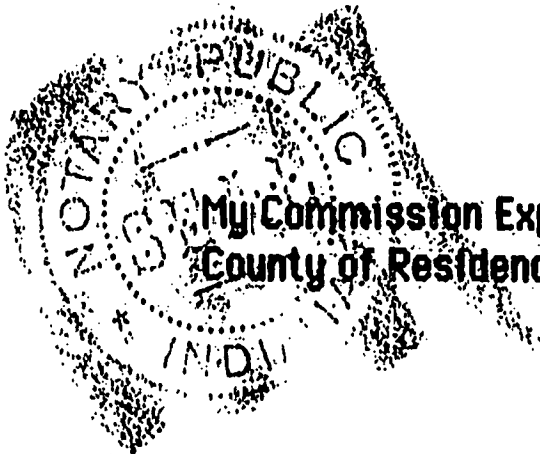
STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public in and for said County and State personally appeared BARBARA MAMULA, who acknowledged the execution of the above and foregoing instrument.

WITNESS my hand and Notarial Seal this 2 day of April, 1991.

Barbara J. Allen
Notary Public

My Commission Expires: 7-16-93
County of Residence of Notary Public Lake



ACCEPTANCE

The undersigned acknowledges and accepts appointment as Agent under this instrument.

Katherine Peterman
KATHERINE PETERMAN

This instrument prepared by Herman Barber, attorney at law.

