

**FILED**

JAN 31 1992

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POWER OF ATTORNEY

Key 4-27-198-15

*Carole N. Anton* KNOW ALL MEN BY THESE PRESENTS that I, CAROLINE GORSICH, of Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint my son, MATTHEW J. GORSICH and/or my daughter, MARY LOU BURROUGHS, as my true and lawful Attorney-in-Fact, for me and in my name, place and stead to do all or any of the following acts:

To place documents of property or remove same from any deposit box I may have;

To sign any check or negotiable instrument made out to me, including U.S. Government checks, and deposit same in any or all of my bank accounts and to make withdrawals from said accounts in my name;

To sign checks drawn upon my checking account with my name in order to pay my bills or make purchases on my behalf;

To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities;

To execute instruments to effect the transfer of title to any motor vehicle owned by me;

To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter;

To execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to pay such taxes;

To do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in all matters affecting my health and general welfare, as well as to make any and all decisions necessary to provide for any form of medical treatment for my health and general welfare, including herewith all the power to act for me, as my health care representative, as is granted in I.C. 16-8-12, with the same force and effect as though I were personally present and acting for myself; and I hereby ratify and confirm all that my said Attorney-in-Fact shall do by virtue hereof;

As such health care representative, to consent to such medical examination, medical procedure and medical treatment as, in the sole judgment of my Attorney-in-Fact, appears in my best interest and beneficial to me and to withhold consent to any medical examination, medical procedures or medical treatment which, in the sole judgment of my Attorney-in-Fact, is not beneficial to me, and in this connection, if at any time, based on my previously expressed preferences and the diagnosis and prognosis, my Attorney-in-Fact is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my Attorney-in-Fact may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if my death may result.



INDIANACORP TITLE INSURANCE COMPANY INDIANA DIVISION

STATE OF INDIANA

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My Attorney-in-Fact must try to discuss this decision with me. However, if I am unable to communicate, such health care representative may make a decision for me after consultation with my physician or physicians and other relevant health care providers;

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my inability, I cannot perform myself, and I specifically exempt them from any personal liability so long as they shall use that degree of care which reasonable people would use with their own property;

I further exempt any financial institution which relies upon this Power of Attorney, from any liability to me, other than their ordinary legal liability when dealing directly with me; and,

I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, 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 reliable intelligence or notice thereof shall have been received by my said Attorney and by the person, firm or corporation dealing with my Attorney pursuant to the powers herein granted.

Giving and granting unto my said Attorney full power to do every act necessary to be done, as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

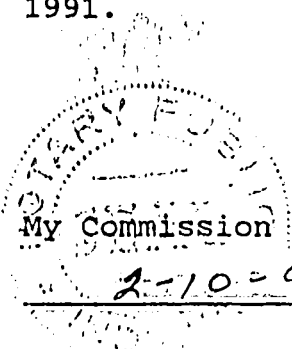
This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this the 7<sup>th</sup> day of August, 1991.

Caroline Gorsich  
CAROLINE GORSICH

Before me, a Notary Public, in and for said County and State, personally appeared CAROLINE GORSICH, and acknowledged the execution of the foregoing Power of Attorney. I also certify that I am of legal age and that I witnessed the appointment by the Grantor of the Attorney-in-Fact as the Grantor's health care representative as authorized by I.C. 16-8-12.

Witness my hand and Notarial Seal this 7<sup>th</sup> day of August, 1991.



*John F. Hilbrich*  
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JOHN F. HILBRICH Notary Public  
Resident of Lake County

My Commission Expires:

2-10-92

THIS INSTRUMENT PREPARED BY:

Michael D. Dobosz  
HILBRICH, CUNNINGHAM & SCHWERD  
2637 - 45th Street  
Highland, Indiana 46322  
PH: (219) 924-2427

*Aug 27-198-15*  
**Document is NOT OFFICIAL!**

*Lot 15, Highland Park Addition, in the Town of Highland, as shown in Plat Book 28, Page 67, in Lake County, Indiana*

**STOP**

