

DURABLE POWER OF ATTORNEY

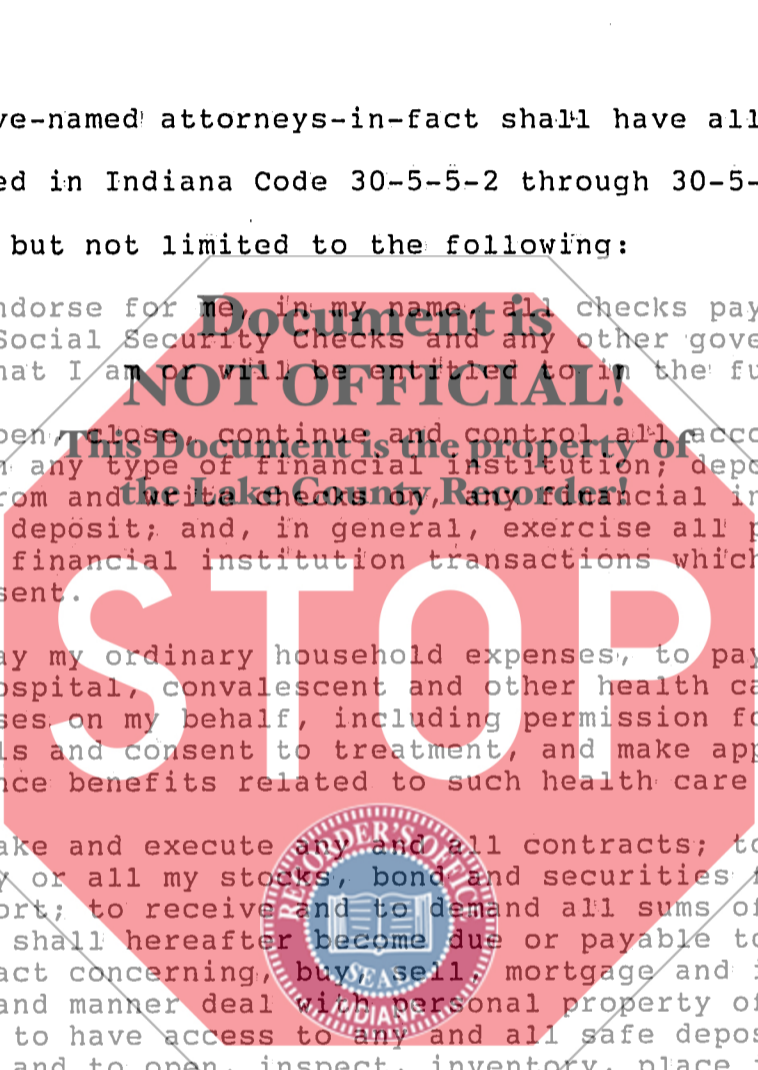
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I, Donald F. Maclean, of Highland, Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate David J. Maclean of Crete, Illinois, and Jewel A. Maclean, of Highland, Indiana, as my true and lawful attorneys-in-fact.

I. POWERS

The above-named attorneys-in-fact shall have all powers that are outlined in Indiana Code 30-5-5-2 through 30-5-5-19, inclusive, including, but not limited to the following:

1. To endorse for me, in my name, all checks payable to me, including Social Security checks and any other governmental benefits that I am or will be entitled to in the future.
2. To open, close, continue and control all accounts and deposits in any type of financial institution; deposit in and withdraw from and write checks on, any financial institution account or deposit; and, in general, exercise all powers with respect to financial institution transactions which I could do, if present.
3. To pay my ordinary household expenses, to pay my medical nursing, hospital, convalescent and other health care and treatment expenses on my behalf, including permission for admission to hospitals and consent to treatment, and make applications for insurance benefits related to such health care and treatment.
4. To make and execute any and all contracts; to purchase or sell any or all my stocks, bond and securities for the benefit of my support; to receive and to demand all sums of money which are now or shall hereafter become due or payable to me; to bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature; to have access to any and all safe deposits boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes.
5. To deposit for me, in my name, any and all sums of money collected and received in my name into any financial institution, and withdraw same as they shall deem fit in payment of any debts payable by me or any taxes, assessments and any other expenses due and payable or to become due and payable for the benefit of my support.
6. To sign my name to all documents necessary to obtain any medical or hospitalization information and records, or release such information to any lawful agent or authority for any purpose that my said Attorneys may deem necessary.
7. To consent to or refuse health care for me, upon execution of an appointment of a health care representative, as outlined in Indiana Code 16-8-12.
8. To maintain, purchase, borrow against, make claims under, and generally deal in all forms of insurance on my behalf.



STATE OF INDIANA, S.M.H.
 LAKE COUNTY
 FILED FOR RECORD
 MAR 2 11:16 AM '92
 ROSEMARY H. HARRIS, CLERK

FILED

MAR 2 1992

Gene N. Anton
AUDITOR LAKE COUNTY

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9. To prepare, execute, and file all of my individual tax returns, both state and federal, and to file, if necessary, amended income tax returns on my behalf, and pay on my behalf all taxes owed, including interest and penalties due thereon; to represent me in all matters involving taxation, with any entity of the federal, state, county and local government.

10. To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter, upon proper recording of this instrument with the Office of the County Recorder.

and I hereby ratify and confirm all that my attorneys-in-fact shall do by virtue hereof.

II. EFFECTIVE DATE

This Power of Attorney shall become effective upon execution and delivery to my Attorneys-in-fact, and shall not be affected by my subsequent disability or incompetence.

III. TERMINATION

This Power of Attorney may be terminated upon written notice delivered to my said Attorneys-in-fact, whereupon they shall forthwith deliver over to me all property of every kind and character taken into their possession pursuant to the powers herein granted.

Further, I hereby agree to indemnify and hold harmless any person, or other legal entity who, in good faith, acts under this Power of Attorney or transacts business with my Attorneys-in-fact in reliance upon this power, without actual knowledge of its revocation.

IV. ADDITIONAL PROVISIONS

Each of my named Attorneys-in-fact may act independently of each other in the performance or exercise of any power or duty granted in this instrument.

In the event that one of my named Attorneys-in-fact fails or ceases to serve, the remaining Attorney-in-fact may continue to act under this power, without a successor being required.



IN WITNESS WHEREOF, I have hereunto set my hand and seal
this 15th day of January, 1992.

Donald F. Maclean
Donald F. Maclean

STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State,
personally appeared Donald F. Maclean, who acknowledged the
execution of the foregoing Power of Attorney.

Witness my hand and seal this 15th day of January, 1992.

Janice L. Fraley
Notary Public JANICE L. FRALEY
Lake County, Indiana

My Commission Expires:

11-8-93

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

STOP

This instrument prepared by: Lance E. Ryskamp, Attorney At Law,
2805 38th St., P.O. Box 1627, Highland, IN 46322



APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I, Donald F. Maclean, pursuant to Indiana Code 16-8-12-6, appoint David J. Maclean as my health care representative.

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative 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 health care representative may express my will that such health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

DATE: 1-15-92

Donald F. Maclean
Donald F. Maclean

WITNESS:

JANICE L. FRALEY
JANICE L. FRALEY



This instrument prepared by: Lance E. Ryskamp, Attorney At Law,
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