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Jean Jille, Mrs.

DURABLE GENERAL POWER OF ATTORNEY AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE FILED

BY

MAY 26 1992

JAMES A. VORWALD

Anna N. Anton

I APPOINT my wife, VIRGINIA A. VORWALD, whose address is 5373 Adams Street, Merrillville, Indiana 46410, my attorney-in-fact to do any lawful act for me in my name, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

By way of illustration only, and not intending any limitation, I specifically grant to my attorney-in-fact the POWER TO:

1. Buy, receive, lease, accept, or otherwise acquire any property. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.) Sell, convey, lease, grant an option to purchase, or otherwise transfer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and other document(s) in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in the following described real estate:

Lot 20 in Block "K" in Meadowland Estates Unit No. 2, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 30, page 95, in the Office of the Recorder of Lake County, Indiana, and the North 1/2 of vacated 54th Avenue lying South and adjacent of said lot.

Common Address: 5373 Adams St., Merrillville, Indiana 46410

Tax Key Number: 15-253-20

2. Take, hold, possess, invest, lease, let, or otherwise manage my property. Eject, remove, or remove tenants, holders, or others of possession of my property. Maintain, protect, preserve, insure, remove, ship, transfer, repair, rebuild, modify, subdivide, or improve my property. Enter safety deposit boxes and remove or deposit items.

3. Transact any kind of business, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

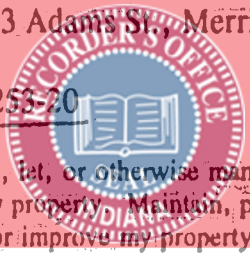
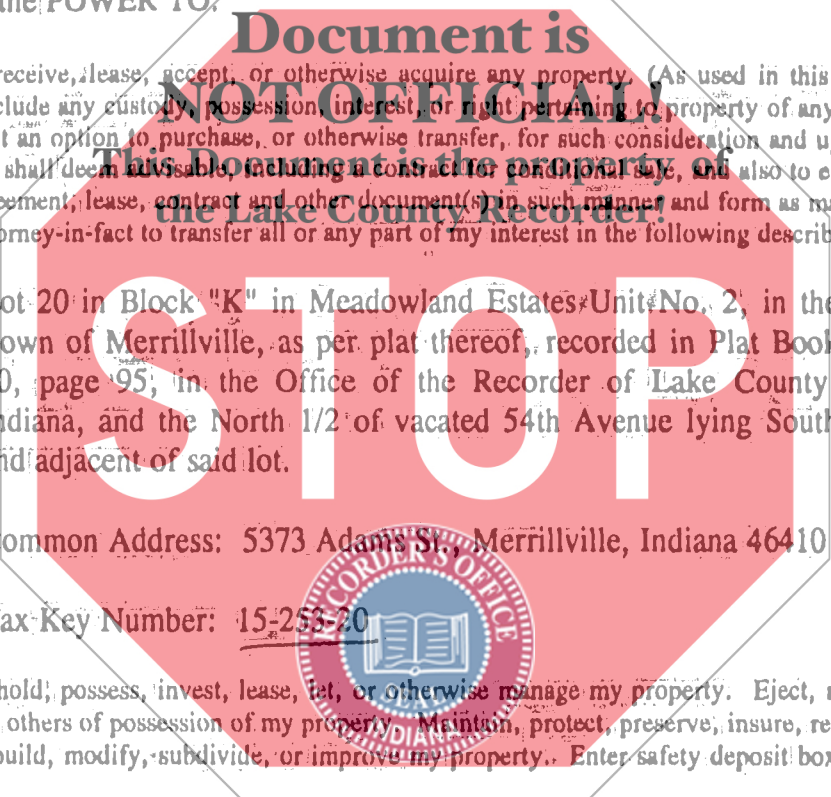
4. Make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, mortgages, security agreements, hypothecations, checks, notes, bonds, vouchers, receipts, and other instruments.

5. Deposit or withdraw in either my name, the attorney's name, or jointly in both names funds, negotiable paper, credit, rights, or money that may come into the attorney's hands or that may be on deposit for me.

6. Institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions, suits, attachments, arrests, distresses, or other proceedings.

7. Act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights or interests.

Memo 1/6/8024



STATE OF INDIANA, S.S. NO. LAKE COUNTY FILED FOR RECORD MAY 29 9 04 AM 1992 ROBERT A. RECORDED

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8. Prepare, execute, and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.

9. Disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

10. Disclaim gifts, inheritances, or other transfers to me.

11. Purchase U.S. bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases.

12. My attorney-in-fact shall NOT, however, have any authority to deal with any insurance that I may own upon the life of the attorney-in-fact.

13. Perform every act, deed, matter, and thing with respect to my estate, property, and affairs as fully and effectually as I might if personally present and acting.

14. Also, to perform every act, deed, matter, and thing necessary to provide for my personal care and well-being, including inter alia, selection, engagement, and discharge of health care providers and facilities, selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents.

15. Serve as my health care representative in the event of my incapability of consenting, as authorized by I.C. 16-8-12, and, to this end I authorize my health care representative to make decisions in my best interests 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 withheld or withdrawn and may consent on my behalf that any or all 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. My health care representative may delegate all or a part of this authority to any eligible individual who has not been disqualified as provided in I.C. 16-8-12. (This appointment of a health care representative is not to be considered a contradiction of a living will I may execute, whether simultaneously, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life-prolonging procedures shall take precedence.)

16. Upon any terms or limitations specified, substitute another as my attorney-in-fact under this instrument. Remove a substitute and revoke any delegation of authority and make further substitutions and other delegations. Engage and dismiss agents, counsel, or employees, and appoint or remove any successor, substitute, or agent. Delegate one or more of any of the powers granted in this instrument to one or more other persons.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY OR BY LAPSE OF TIME. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my attorney-in-fact under this power be appointed to that office.

This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

It is not my intention to grant any beneficial interests in my estate by this instrument but to grant to my attorney-in-fact mere administrative powers of management, investment and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and (except for the provision of reasonable compensation for services) not for the personal benefit of my attorney-in-fact.

I REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY.

IN WITNESS OF WHICH, I have signed my name this 26th day of February, 1992.

James A. Vorwald
JAMES A. VORWALD

STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

**Document is
NOT OFFICIAL!**

Before me, a Notary Public in and for said County and State and residing in Lake County, Indiana, personally appeared the grantor 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, in paragraph 15, 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 26th day of February, 1992.

My Commission Expires:

10-21-95



JOHN B. LASZLO
RESIDENT OF LAKE COUNTY

Notary Public

THIS INSTRUMENT PREPARED BY WILLIAM MARTIN, ATTORNEY