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GENERAL POWER OF ATTORNEY

EX5

BY THIS POWER OF ATTORNEY, I Elsa Mae Chapman name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future. I hereby revoke any powers of attorney executed by me prior to the date of this power of attorney.

1. As my attorney-in-fact, I name STANFORD MILLENDER, whose address and telephone number as of this date are 3938 Butternut St., East-Chicago, IN 46312 (219) 397-8538.

2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.

3. This power of attorney shall be effective as of this date I have signed it.

4. I give to my attorney-in-fact or any successor attorney-in-fact, the powers specified in this section to be used on my behalf, PROVIDED that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, specifically retained interests in property given to me by the attorney-in-fact.

Specifically I give my attorney-in-fact authority with respect to:

- a. real estate property transactions pursuant to IC 30-5-5-2
- b. tangible personal property pursuant to IC 30-5-5-3
- c. bond, share and commodity transactions pursuant to IC 30-5-5-4
- d. banking transactions pursuant to IC 30-5-5-5
- e. business operating transactions pursuant to IC 30-5-5-6
- f. insurance transactions pursuant to IC 30-5-5-7 as amended
- g. beneficiary transactions pursuant to IC 30-5-5-8
- h. gift transactions pursuant to IC 30-5-5-9
- i. fiduciary transactions pursuant to IC 30-5-5-10
- j. pursuing claims and litigation pursuant to IC 30-5-5-11
- k. family maintenance pursuant to IC 30-5-5-12
- l. benefits from military service pursuant to IC 30-5-5-13
- m. records, reports and statements pursuant to IC 30-5-5-14
- n. estate transactions pursuant to IC 30-5-5-15



FEB 1 1993

Sandra N. Weston
AUDITOR LAKE COUNTY

SANDRA N. WESTON
RECORDER

FEB 19 9 46 AM '93

STATE OF INDIANA/S.S.M.D.
LAKE COUNTY
FILED FOR RECORD

o. delegation of authority pursuant to IC 30-5-5-18

p. all other matters pursuant to IC 30-5-5-19

5. I have been give a copy of the aforementioned Indiana Code sections and I have read and understand them.

6. If protective proceedings are instituted on my behalf or a guardian is requested to act on my behalf, I name my attorney in fact to act on my behalf or as my guardian.

7. If any agent named by me shall die, become legally disabled; resign or refuse to act, I name the following as successor to such agent: Joyce Kelly, 107 Martina Street, Point Richmond, California 94801.

8. Without regard to my mental or physical condition, this power of attorney shall ~~continue in effect~~ until revoked or until my death, whichever occurs first.

Date: 2-5-93

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Elsa Mae Chapman

Social Security No. 806 24 8135

STOP

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

The undersigned, a notary public in and for the above county and state, residing in Lake County, Indiana, certifies and witnesses that the above-signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: 2-5-93

Angie P. Pearson
Notary Public

My Commission Expires: _____

(Print name of notary)

THIS INSTRUMENT WAS PREPARED BY

KAVADIAS & WYATT
Attorneys at Law
3826 Main Street
East Chicago, IN 46312
(219) 398-5393

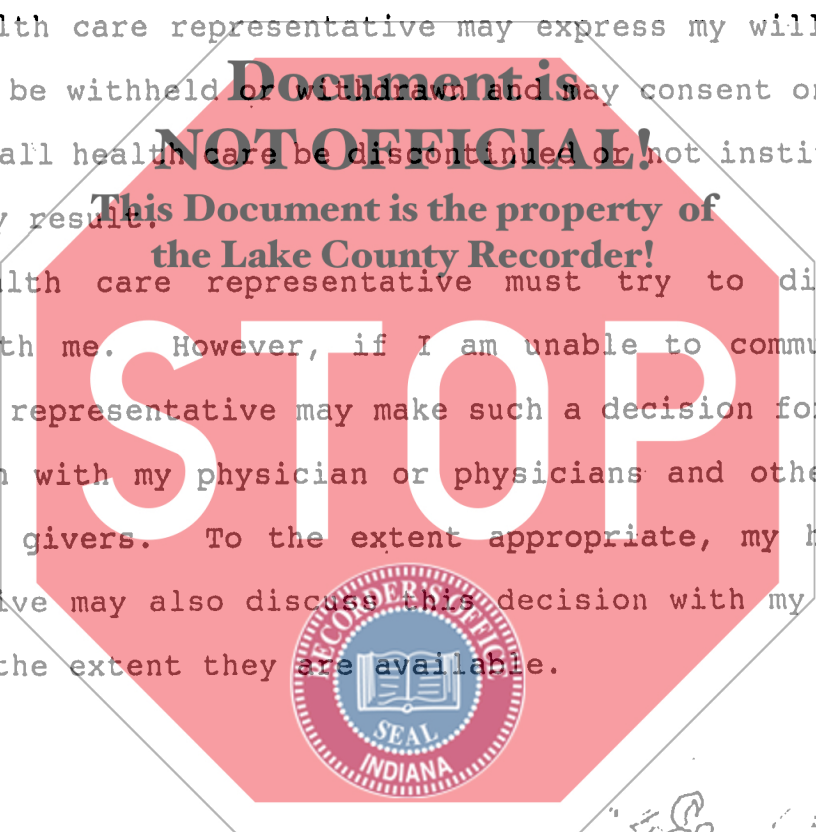
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APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I, Elsa Mae Chapman, consistent with the aforementioned power-of-attorney and pursuant to I.C. 16-8-11 and 16-8-12, hereby appoint Stanford Millender 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 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.



Appointor _____

Witness _____

Elsa Mae Chapman
Stanford Millender

Date: 2-5-98