

5  
**FILED**

MAR 22 1993

93017657

Page 1 of 5

*Archie N. Antone*  
AUDITOR LAKE COUNTY

GENERAL DURABLE POWER OF ATTORNEY

(SPRINGING POWER OF ATTORNEY WITH BEGINNING TIME LIMIT)

PLEASE NOTE ITEMS SIX (6) AND SEVEN (7) BEFORE HONORING)

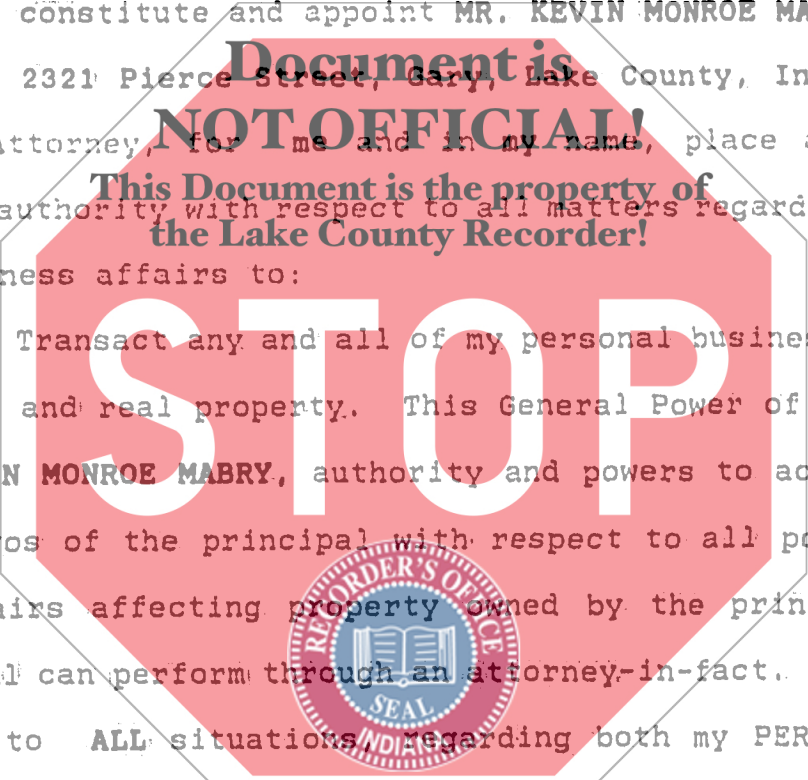
MAR 22 11 50 AM '93  
SAHUE  
RECORDER  
MABRY

STATE OF INDIANA / S.S.M.  
LAKE COUNTY  
FILED FOR RECORDING

Know All Men by These Present, that I, Mr. MELVIN MABRY, 323

07-3343, have made, constituted and appointed, and by these present do make, constitute and appoint MR. KEVIN MONROE MABRY, SSN: 310-

56-9498, 2321 Pierce Street, Gary, Lake County, Indiana true and lawful Attorney, for me and in my name, place and stead with General authority with respect to all matters regarding my personal and business affairs to:



1. Transact any and all of my personal business relative my personal and real property. This General Power of Attorney gives MR. KEVIN MONROE MABRY, authority and powers to act as if he was alter egos of the principal with respect to all possible matters and affairs affecting property owned by the principal that the principal can perform through an attorney-in-fact. This authority extends to ALL situations regarding both my PERSONAL AND REAL PROPERTIES--to include all of my bank accounts, insurance policies and other monetary documents and papers involving benefits to me or to my properties. This includes particularly, my checking accounts at all banks, where I have accounts, GAINER BANK, Account Number: 0570 775 1, and I further authorized my son, Mr. Kevin Monroe, to withdraw and deposit money into said account as he deems appropriate and necessary. The said attorney has the authority to go into my Safety Deposit Box and remove from money or documents or

01113 1400

place in the box items and documents. The Safety Deposit Box Number is: \_\_\_\_\_, The above-named Attorney has full and unlimited powers and authority to withdraw money from my accounts to pay my personal bills that are due and owing, and that will become due and owing the same as I could do as principal, since I am now ill and can not do so myself. He has this power and authority whether I am confined to my home, hospital or other institution.

2. ~~Cash my Social Security, Pension and all other checks that I am currently receiving and entitled to receive and that I may become entitled to receive in the future.~~ Said agent is given full powers and authority to present for payment and demand payment all negotiable instruments for cashing, issued to me as payee (paid to the order of myself) and/or where I am also payor (the check and/or draft is made out by me or my agent (s) as described above). This includes writing checks, depositing, and withdrawing money from my bank accounts relating to my personal and real property.

3. This General Power of Attorney also has a Durable Power of Attorney for Health Care (HCPA) Clause, authorizing said Attorney, to make all reasonable Medical Decisions on my behalf, including making medical treatment decisions to place or not to place me in a nursing facility, where I am unable to do so myself because of an illness or injury.

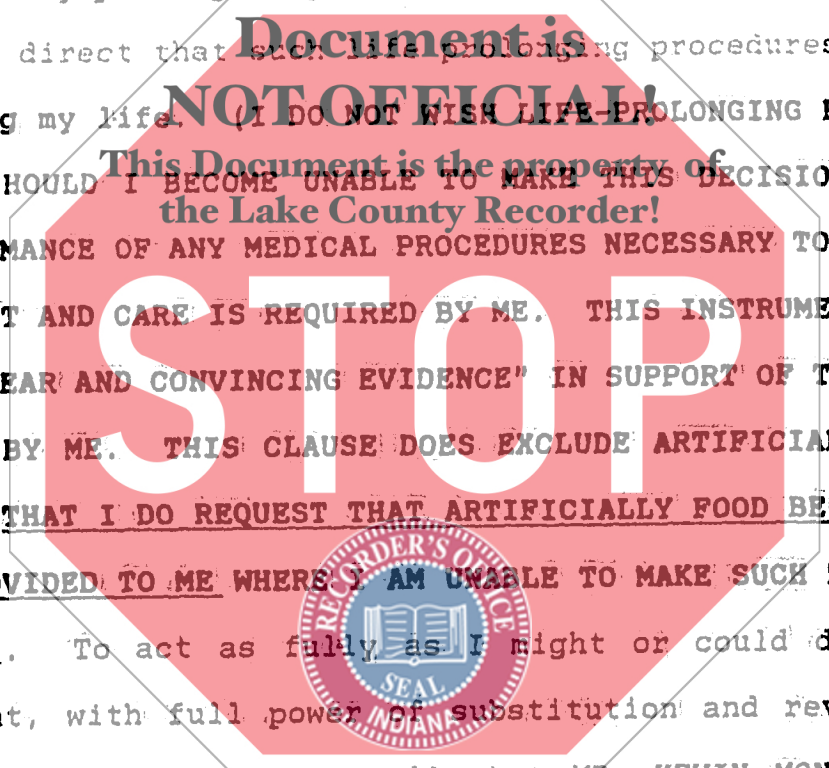
4. Further, this General Power of Attorney has a LIVING WILL CLAUSE, directing my physicians, my attorney, my clergyman

(preacher), my family and/or others responsible for my health, welfare or affairs, to observe my wishes should I, at any time, have an incurable disease or injury, certified by at least two (2) competent physicians to be a terminal condition. Where said physicians determine that my death is imminent or is being needlessly prolonged by life-prolonging procedures, my wishes are that I direct that such life-prolonging procedures NOT be used to prolong my life. (I DO NOT WISH LIFE-PROLONGING PROCEDURES TO BE

USED SHOULD I BECOME UNABLE TO MAKE THIS DECISION, BUT ONLY THE PERFORMANCE OF ANY MEDICAL PROCEDURES NECESSARY TO PROVIDE ME WITH COMFORT AND CARE IS REQUIRED BY ME. THIS INSTRUMENT IS TO BE USED AS "CLEAR AND CONVINCING EVIDENCE" IN SUPPORT OF THIS AUTHORITY AS GIVEN BY ME. THIS CLAUSE DOES EXCLUDE ARTIFICIALLY ADMINISTERED FOOD, THAT I DO REQUEST THAT ARTIFICIALLY FOOD BE ADMINISTERED OR BE PROVIDED TO ME WHERE I AM UNABLE TO MAKE SUCH DECISION).

5. To act as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that MR. KEVIN MONROE MABRY, said attorney, or his designated substitute shall lawfully do or ordered to be done by virtue thereof.

6. SPECIAL NOTE: This durable power of attorney has time limitations. IT IS A SPRINGING POWER OF ATTORNEY. THE DOCUMENT SPRINGS INTO EFFECT OR ONLY BECOMES EFFECTIVE UPON THE DISABILITY OR INCAPACITY OF THE PRINCIPAL AND THE DISABILITY OR INCAPACITY IS TO BE DETERMINED BY A VERIFIED WRITTEN STATEMENT FROM AT LEAST TWO



(2) LICENSED PHYSICIANS, NOT RELATED BY BLOOD OR MARRIAGE TO EITHER THE PRINCIPAL OR THE AGENT.

7. This power of attorney shall be affected ONLY by a subsequent disability or incapacity of the principal, or lapse of time when the principal becomes unable to makes personal and business decisions on his own behalf, AS INDICATED ABOVE IN ITEM NUMBER SIX (6).

8. In the case of my demise, the said power of attorney has power to administer my Living Revocable Trust Agreement, who is Successor Trustee as indicated in the Trust Agreement.

9. FUNERAL ARRANGEMENTS--No funeral services are required unless I have become a member of a Church. Only Prayer for my immortal Soul are to be said at a Funeral Home. There is no special request of a Funeral Home, although My Burial Place preference is Evergreen Memorial Park, 39th and Sandusky, Hobart, Indiana, First Choice, Lot Number 256, Eternal Life 3-4; Second Choice Lot 232 3-4; Third Choice Lot 217, 3-4.

I have VOLUNTARILY signed this instrument with FULL UNDERSTANDING OF ITS CONTENTS WITHOUT COERCION, FRAUD OR DECEPTION. The contents of this General Power of Attorney have been fully explained to me and thus, I am fully satisfied with the above and foregoing provisions in this legally binding document.

In Witness Whereof, The said Mr. Melvin Mabry, has hereunto set his hand and seal this 9th day of December, 1992 Signed, sealed and delivered in presence of Atty. John Henry Hall, a Notary in Lake County, Indiana

*Melvin Mabry*

Mr. Melvin Mabry  
Principal

**Document is  
NOT OFFICIAL!**

State of Indiana )  
                          ) **This Document is the property of**  
County of Lake    ) **the Lake County Recorder!**

Subscribed and sworn to before me, the undersigned, a Notary Public in and for said county, this 9th day of December, 1992.

*Atty. John Henry Hall*  
Notary Public

My Commission Expires March 22, 1996. Bonded through Notary Underwriters, General Bonding Co., Inc., St. Louis, Missouri.

This legal instrument was prepared by Atty. John Henry Hall, 1937 Madison Street, P. O. Box 1198 Gary, Indiana 46407, Telephone and Fax Number 1 (219) 883-7711 and Mobile Telephone 1 (219) 765-1714.

7