

STATE OF INDIANA)
COUNTY OF LAKE)

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**DURABLE
POWER OF ATTORNEY**

Chicago Title Insurance Company

KNOW ALL MEN BY THESE PRESENTS that I, MICHAEL HAMNIK, of Lake County, Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint my daughter, DENA M. SUTTON, and/or my son, ALAN M. HAMNIK, 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 or other title bearing personal property 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;

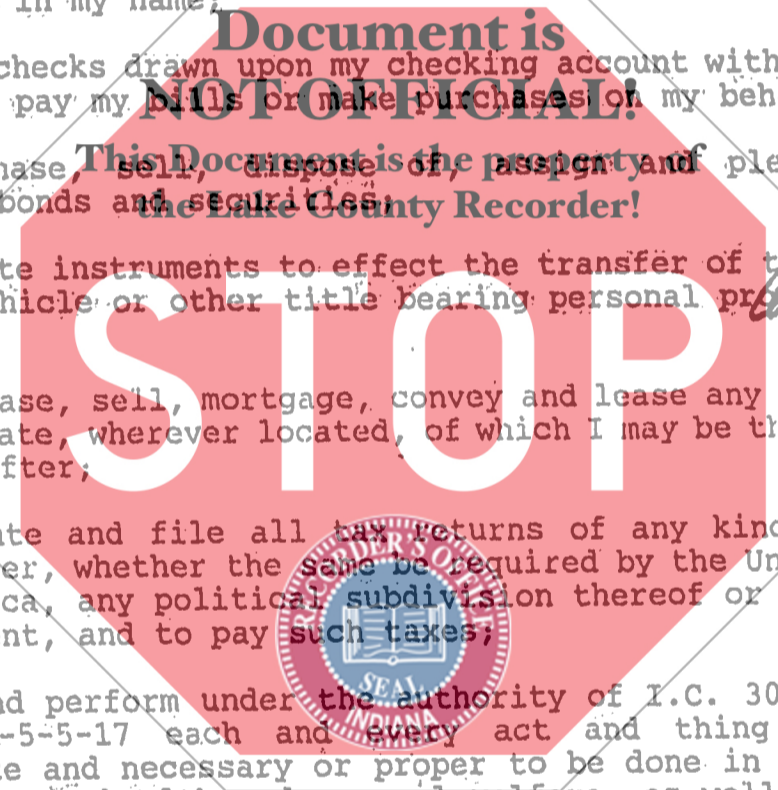
To execute and file all tax returns of any kind or nature whatsoever, whether the same be required by the United States of America, any political subdivision thereof or any foreign government, and to pay such taxes;

To do and perform under the authority of I.C. 30-5-5-5 and I.C. 30-5-5-17 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, pursuant to the attached Health Care Consent appointment, as is granted in I.C. 16-8-11 and 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;

To apply for Letters of Guardianship for and on my behalf and to act as my Guardian in connection with any matter or matters which for any reason require a guardianship or protective proceeding;

To exercise all powers granted under Sections 2 through 19 of Chapter 5 of Article 5 of Title 30 of the Indiana Code, and all such powers under said Chapter 5 are hereby incorporated as part of this Power of Attorney by reference.

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 her/him from any personal



FILED

JUN 29 1993

Alan M. Hamnik
AUDITOR LAKE COUNTY

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LAKE COUNTY
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liability so long as s/he 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 4th day of Jan., 1993.



Michael Hamnik

Before me, a Notary Public, in and for said County and State, personally appeared MICHAEL HAMNIK, 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 4th day of January, 1993.

John F. Hilbrich
John F. Hilbrich/Notary Public
Resident of Lake County

My Commission Expires:
March 16, 1996

THIS INSTRUMENT PREPARED BY:

John F. Hilbrich
HILBRICH, CUNNINGHAM & SCHWERD
2637 - 45th Street
Highland, Indiana 46322
PH: (219) 924-2427

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HEALTH CARE CONSENT
BY

MICHAEL HAMNIK

FILED

TO

JUN 29 1993

DENA M. SUTTON and/or ALAN M. HAMNIK

Dena M. Sutton
AUDITOR LAKE COUNTY

Declaration of Consent made this 4th day of Jan.,
1993. I, MICHAEL HAMNIK, being an adult and of sound mind,
willfully and voluntarily make known my desire that in the event
that I become incapable of making a decision regarding my health
care, I hereby appoint my daughter, DENA M. SUTTON, and/or my son,
ALAN M. HAMNIK, as my health care representative to make any and
all decisions and give any and all consents necessary for my health
care. This appointment shall commence immediately upon my becoming
incapable of consenting for myself and shall continue in effect
until such time as I again become capable of consenting for myself.

The health care representative named herein is authorized to
delegate the authority to consent to another if my representative
feels it is necessary. Said representative is further authorized
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. Furthermore, said health
care representative shall consent to such medical examination,
medical procedure and medical treatment as, in the sole judgment of
my health care representative, appears in my best interest and is
beneficial to me and to withhold consent to any medical
examination, medical procedure or medical treatment which, in the
sole judgment of my health care representative, is not beneficial
to me, and in this connection, if at any time, based on my

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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 of my health care be discontinued or not instituted, even if my death may result. My health care representative 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 physicians and other relevant health care providers.

In making all decisions regarding my health care, my representative or my representative's delegate shall be considered to have acted in my best interest and in good faith. I understand the full import of this consent.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Michael D. Hamnik
MICHAEL HAMNIK

STOP

The declarant has been personally known to me and I believe him to be of sound mind. I am competent and at least eighteen (18) years old.



WITNESS:

John F. Heinrich

DATED: January 4, 1993