

1500 Camellia Dr. # 3  
Munster 46321  
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**GENERAL DURABLE  
POWER OF ATTORNEY**

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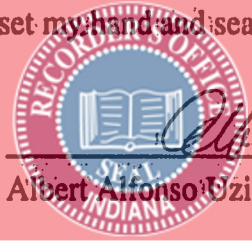
I, Albert Alfonso Uzis, a bachelor, of Lake County, State of Indiana, do hereby make, constitute and appoint my sister-in-law, Marilyn Margaret Uzis, and my brother, Alfred Richard Uzis, both of Lake County, State of Indiana, my true and lawful attorneys-in-fact; each of whom may act independently of each other, to do and perform for me, in my name, place and stead, the following:

To exercise, at their sole discretion, all powers set forth in sections 2 through 11 and 13 through 19 of Chapter 5, Article 5, Title 30 of the Indiana Code, incorporated herein by reference, with respect to: real property transactions; tangible personal property transactions; bond, share, and commodity transactions; banking transactions; business operating transactions; insurance transactions; beneficiary transactions; gift transactions; fiduciary transactions; claims and litigation; benefits from military service; records, reports, and statements; estate transactions; health care powers; consent to or refusal of health care; delegation of authority; and all other matters.

In accordance with the hereinabove included sections 16 and 17, I do hereby further designate and appoint my aforesaid attorneys-in-fact as my health care representatives, pursuant to Ind. Code 16-36-1-1 et. seq. and concurrently with this power of attorney have executed the attached Appointment of Health Care Representatives, which authorizes either or both of them to act for me in all matters of health care.

This power of attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute and be a durable power of attorney.

In Witness Whereof I have hereunto set my hand and seal this 17th day of November, 1993:



*Albert A. Uzis* (Signature)

Albert Alfonso Uzis (Seal)

August 22, 1917

Date of Birth

312-09-5791

Social Security Number

Dec 3 10 25 AM '93  
SARCO  
RECORDER

STATE OF INDIANA / S.S.N.  
LAKE COUNTY  
FILED FOR RECORD

WITNESSES:

*Clarence M. Oakley*  
*John B. Oakley*

2001

STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, this 17th day of November, 1993, personally appeared Albert Alfonso Uzis and acknowledged the execution of the foregoing General Durable Power of Attorney as his voluntary act and deed.

In Witness Whereof, I have hereunto subscribed my name and affixed my official seal on the above date.



Judith A. Wilder  
Notary Public JUDITH A WILDER

My Commission Expires April 25 1994 Resident of: Lake County.

Document is  
**NOT OFFICIAL!**

This instrument prepared by Alfred R. Uzis, attorney at law, Attorney No. 607-45, 9650 Gordon Drive, Highland, Indiana 46322 (219) 924-9820.

This Document is the property of  
the Lake County Recorder!

**STOP**



**APPOINTMENT OF HEALTH CARE REPRESENTATIVES**

I, Albert Alfonso Uzis, a bachelor, of Lake County, State of Indiana, do hereby make, constitute and appoint my sister-in-law, Marilyn Margaret Uzis, and my brother, Alfred Richard Uzis, Lake County, State of Indiana, both of whom reside at 1500 Camellia Drive, Apartment 3, (telephone number 219-924-7507) as my Health Care Representatives who are hereby authorized to act, either jointly or singularly, for and on my behalf in all matters of health care in accordance with the laws of the State of Indiana.

I further expressly authorize my health care representatives 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 representatives are 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 representatives 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 representatives must try to discuss this decision with me. However, if I am unable to communicate, my health care representatives 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 representatives may also discuss this decision with my family and others to the extent they are available.

This appointment shall not be affected by my subsequent disability or incapacity or by lapse of time.

Dated this 17th day of November, 1993.



Albert Alfonso Uzis

I declare that I am an adult and at the request of the above-named individual making the above and foregoing appointment, I witnessed the signing of this document.

Elaine M. Oakley  
Signature

3502 41st Street  
Address

ELAINE M. OAKLEY  
Name Printed

Highland, Indiana  
City and State