George Mriscini 4,766E. 1000N porte, Lu

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POWER OF ATTORNEY

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KNOW ALL MEN BY THESE PRESENTS, that I, ANNA MRISCIN, whose mailing address is 6912 Van Buren Place, Merrillville, Lake County, Indiana, do hereby make, constitute and appoint my daughter, KATHY DUFOUR, a resident of LaPorte County, Indiana, as a true and lawful agent and attorney for me and in my name, place and stead, to sell, transfer, assign, pledge, mortgage, convey, lease, manage and dispose of any and all of my property, estate and possessions, real, personal and mixed, wheresoever situated, upon such terms and conditions as she sees fit, and I hereby expressly authorize and empower my said agent and attorney to do and perform any lawful act or thing for me and in my name that I might lawfully do if personally present, including, but not limited to, the execution in my name of checks, drafts, notes, leases, deeds, bills of sale, assignments, endorsements, contracts and other written instruments, and consenting on my behalf to health care pursuant to 1.0.16-8- 7 7 12-5, or other applicable statutes, and I hereby ratify and confirm any and all acts and things which my said agent and attorney may do 7. under and by virtue of these presents.

I authorize said attorney to make decisions interest concerning withdrawal or withholding of health coare. make decisions h me bess at any time, based on my previously expressed preferences and the diagnosis and prognosis, my attorney 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care is or would be excessively burdensome, then my attorney may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.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 attorney must try to discuss this decision with me. However, if I am unable to communicate, my attorney 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 attorney may also discuss this decision with my family and others, to the extent they are available.

This Power of Attorney shall be effective as of the date hereof and shall not be affected by any period of disability or incapacity or incompetence and any such action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns, and personal representative.

MENESS WHEREOF, I have hereunto set my hand and seal on 1993.

& marion Anna Mriscin

STATE OF INDIANA

SS:

COUNTY OF Japorte

Before me, the undersigned, a Notary Public in and for the <u> 1993.</u>

My Commission Expires: Sept 19, 1994

Susan K. Hawk NotaryPublic Resident of Palis County, Indiana

THIS INSTRUMENT PREPARED BY:

Richard F. Ruby 425 W. Buffalo New Buffalo, Michigan (616) 469-0082