

6

Lewis A. Martiniz
8311 Lake Shore Dr.
Cedar Lake In
44303
9

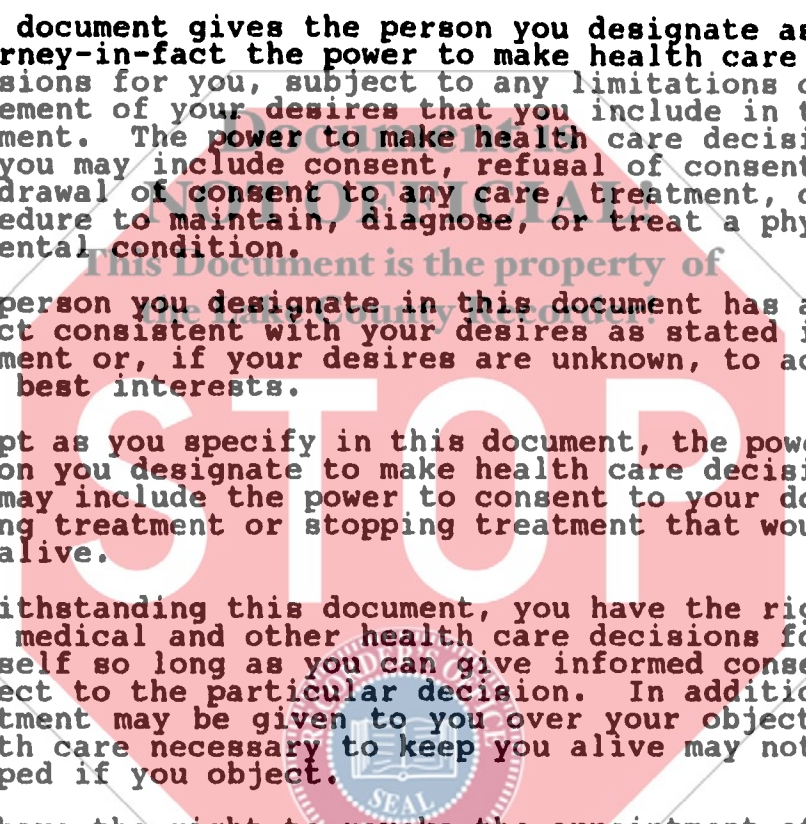
94026418

DURABLE POWER OF ATTORNEY
FOR HEALTH CARE

CAUTION TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a durable Power of Attorney for Health Care. Before executing this document, you should know these important facts.

1. This document gives the person you designate as your attorney-in-fact the power to make health care decisions for you, subject to any limitations or statement of your desires that you include in this document. The power to make health care decisions for you may include consent, refusal of consent, or withdrawal of consent to any care, treatment, or procedure to maintain, diagnose, or treat a physical or mental condition.
2. The person you designate in this document has a duty to act consistent with your desires as stated in this document or, if your desires are unknown, to act in your best interests.
3. Except as you specify in this document, the power the person you designate to make health care decisions for you may include the power to consent to your doctor not giving treatment or stopping treatment that would keep you alive.
4. Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped if you object.
5. You have the right to revoke the appointment of the person designated in this document to make health care decisions for you by notifying that person of the revocation orally or in writing.
6. You have the right to revoke the authority granted to the person designated in this document to make health care decisions for you by notifying the treating physician, hospital, or other health care provider orally or in writing.
7. The person designated in this document to make health care decisions for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.



APR 8 9 19 AM '94
SARASOTA COUNTY
FILED FOR RECORD

STATE OF INDIANA
SARASOTA COUNTY
FILED FOR RECORD

600

ARTICLE I

APPOINTMENTS OF ATTORNEY-IN-FACT

I, Marie Collins, (hereinafter sometimes referred to as "Principal"), appoint as my Attorney-in-Fact, Lois A. Martinez, 8311 Lakeshore Drive, Cedar Lake, Indiana 46303, (hereinafter referred to as "Attorney"). If the person appointed as Attorney should at any time for any reason be unable or unwilling to act or to continue to act as Attorney, then I appoint as Attorney the person named as "Successor Attorney-in-Fact".

Effective Date

This Durable Power of Attorney for Health Care shall become effective upon the incapacity of the Principal.

Severability

In the event that any provision herein is invalid, the remaining provisions shall nonetheless be in full force and effect.

ARTICLE II

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I wish to live and enjoy life as long as possible but I do not wish to receive futile medical treatment, which I define as treatment that will provide no benefit to me and will only prolong my inevitable death or irreversible coma. I desire that my wishes be carried out through the authority given to my Attorney-in-Fact (as designated herein) by this document despite any contrary feelings, beliefs or opinions of other members of my family, of relatives or of friends.

Power to Exercise Health Care Decisions

My Attorney may make health care decisions for me, before or after my death, to the same extent as I would make health care decisions for myself if I had the capacity to do so, including but not limited to consenting to health care, or consenting to the withholding or withdrawal of health care necessary to keep me alive.

Duration

This Durable Power of Attorney for Health Care shall expire seven years after the date of its execution, or such later time as may be permitted by the law, unless at such expiration date I lack the capacity to make health care decisions for myself, in which case this Durable Power of Attorney for Health Care shall continue in effect until the time when I regain the capacity to make health care decisions for myself.

Medical Records

My Attorney shall have the same right as I have to receive information regarding the proposed health care, to receive and review medical records, and to consent to the disclosure of medical records.

Refusal or Maximization of Medical Treatment

In exercising the authority given to my Attorney herein, my Attorney should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. My Attorney is further instructed that if I am unable to give an informed consent to medical treatment, my Attorney shall give or withhold such consent for me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my Attorney cannot determine the treatment choice I would want made upon the circumstances, then my Attorney should make such choice for me based upon what my Attorney believes to be in my best interests. Accordingly, if:

1. Two (2) licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that my condition is incurable, terminal and expected to result in my death within twelve (12) months regardless of what medical treatment I may receive, and they have determined that I am unable to give informed consent to medical treatment; or
2. Two (2) licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that I have been in a coma for at least fifteen (15) days and that the coma is irreversible, meaning that there is no reasonable possibility of my ever regaining consciousness, then my Attorney is authorized as follows:
 - (1) To sign on my behalf any documents necessary to carry out the authorizations described below, including waivers or releases of liability required by any health care provider,
 - (2) To give or withhold consent to any medical care or treatment, to revoke or change any consent previously given or implied by law for any medical care or treatment, and to arrange for my placement in or removal from any hospital, convalescent home, hospice, or other medical facility, and

- (3) To require that medical treatment which will only prolong my inevitable death or irreversible coma (including by way of example only such treatment as cardiopulmonary resuscitation, surgery, dialysis, the use of a respirator, blood transfusions, antibiotics, antiarrhythmic and pressor drugs or transplants) not be instituted or, if previously instituted, to require that it be discontinued.
- (4) To require that procedures used to provide me with nourishment and hydration (including, for example parenteral feeding, intravenous feedings, misting, and endotracheal or nasogastric tube use) not be instituted or, if previously instituted, to require that they be discontinued, but only if the two (2) physicians described above also determine that I will not experience excessive pain as a result of the withdrawal of nourishment or hydration.

ARTICLE III

NOMINATION OF CONSERVATOR

If a conservator is to be appointed for me, I nominate the person(s) named herein as my Attorney-in-Fact to serve as conservator of my person.

ARTICLE IV

REVOCATION OF PRIOR POWERS OF ATTORNEY

This Power of Attorney revokes any prior Durable Power of Attorney for Health Care executed previously by Principal.

ARTICLE V

SIGNATURE BY ATTORNEY

When signing on behalf of Principal under this Power of Attorney for Health Care, Attorney shall sign as follows:

"MARIE COLLINS by LOIS A. MARTINEZ, her Attorney-in-Fact."

ARTICLE VI

NOMINATION OF SUCCESSOR

I nominate and appoint as Successor Attorneys to serve by virtue of the authority herein granted the following:

First Successor: JOHN COLLINS
7316 W. 142nd Avenue
Cedar Lake, IN 46303

The condition under which any person named above as successor Attorney may exercise any powers set forth herein is that any person who is at the time authorized hereunder to serve as my Attorney shall be unable or unwilling to serve or to continue to serve as Attorney, then in the order specified above, the first person named above as successor Attorney who is willing and able to serve as such Attorney shall be fully authorized to serve hereunder and shall have all of the powers granted originally to my Attorney and the term "Attorney" shall refer to such person so serving. Any successor Attorney may execute an affidavit that my Attorney is unwilling or unable to serve or continue to serve and such affidavit shall be conclusive evidence, insofar as third parties are concerned, of the facts set forth therein, and in such event any person acting in reliance upon such affidavit shall incur no liability to my Estate because of such reliance.

3-31-94

DATED

Marie Collins
MARIE COLLINS, PRINCIPAL

Stanley J. Daulton
(Witness)

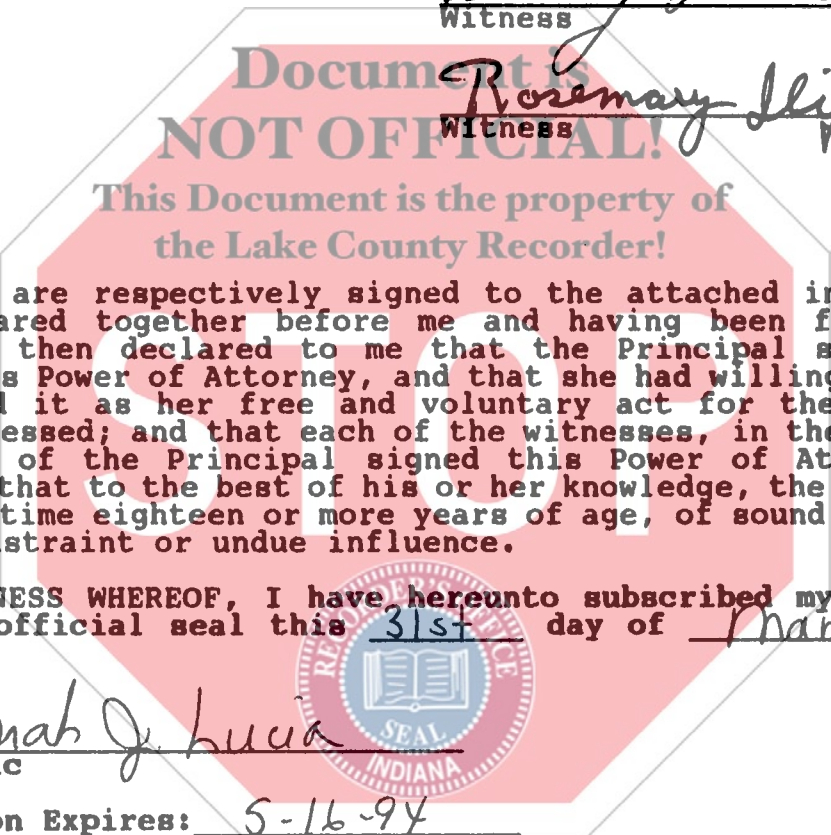
Rosemary Eliff
(Witness)



I, the undersigned, an officer authorized to administer oaths, certify that:

Mari Collins
MARIE COLLINS
Shirley J. DeLitto
Witness

Rosemary Sliff
Witness



whose names are respectively signed to the attached instrument, having appeared together before me and having been first duly sworn, each then declared to me that the Principal signed and executed this Power of Attorney, and that she had willingly signed and executed it as her free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the Principal signed this Power of Attorney as witness and that to the best of his or her knowledge, the Principal was at that time eighteen or more years of age, of sound mind, and under no constraint or undue influence.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this 31st day of March, 1994.

Deborah J. Lucia
Notary Public

My Commission Expires: 5-16-94