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## DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Wesley G. Kmetz, of Lake County, Indiana, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint Judy Sparks, for so long as she shall live, true and lawful attorney for myself and in my name, place, and stead to have the absolute and complete authority to direct any physician or any hospital to eliminate the use of any equipment being used to sustain my tissue and physical life if my brain is dead and I have no medical hope of recovery. If at any future time I have been injured or through sickness have lapsed into a condition where I am comatose and without normal brain waves and in such condition that my physical life cannot be sustained without the use of heart-lung machines, kidney machines, or other medical devices used to keep a human body and tissue alive when the brain is dead, I do not intend that my life be maintained if I have no medical hope of recovery. Under such circumstances where there is no reasonable expectation of my recovery from physical disability, I request that I be allowed to die and not kept alive by artificial means or "heroic measures". A Consequently, I give to the said Judy Sparks the authority set out above, giving and granting unto her full power to do every act necessary to be done about the premises as fully as I might or could do if physically and mentally able, with full power of substitution and revocation.

She is to deposit in or withdraw from all bank accounts standing in my name, individually or jointly, as Guardian or as trustee or in any other fiduciary capacity; to endorse and cash any checks or other obligations payable to me; to make and execute any and all contracts; to sell and assign notes, bonds and other securities; to receive and to demand all sums of money and demands whatsoever, as are now or shall hereafter become due, payable or belonging to me; to compromise the same; to execute instrument to effect the transfer of title to any motor vehicle owned by me, to sell, mortgage, convey and lease any interest in real estate, or personal property, wherever located, of which I may be the owner or in which I have an interest, now or hereafter; to execute all instruments necessary in furtherance thereof; to execute and file all tax returns and to pay such taxes; I grant to my said attorney, free access to any safe deposit box I may have in any financial institution and to sign any instruments, necessary to gain admission thereto; to arrange for and pay my medical, hospital and nursing expenses, including admission to hospitals and nursing homes, to make application for insurance and health benefits; and generally to transact any and all business for me of any kind whatsoever necessary or proper to be done in all matters affecting myself; provided however, the authority of my attorney-in-fact shall not extend to the revocation or amendment of any will or trust created by me; the singular shall include the plural and vice versa.

Upon my death I direct that my organs be donated to be used for transplants into persons who need them and or for medical research as needed for the purposes aforesaid, I, hereby ratify and confirm all acts that my attorney may do by virtue of this Power of Attorney and she shall have all the powers allowed under Indiana Law.

This durable Power of Attorney shall not be affected by disability of the principal except as provided by reproduction of this executed original with reproduced signatures and certificate of acknowledgment shall be deemed to be original counter parts of this Power of Attorney.

the Lake County Recorder!

IN WITNESS WHEREOF, I have set my hand thisday
of April 14.1994, 1994.
Wesley G. Romet
Wesley G. Kmetz
WITNESSES:
Beverlya Drewer Address 7121 It/09 2l. Chown Frent In. 46307
Address 74/ Vellebone Crow Part In 4630,
Address

STATE OF INDIANA )

COUNTY OF LAKE )

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appears Wesley G. Kmetz to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that she executed the same.

Document is

WITNESS my hand official seal in the county and state last aforesaid this.

day of The Monent is the 1994 erty of

Notary Public

My Commission expires:

County of Residence: