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(Plath)

THIS FORM HAS BEEN PREPARED FOR USE WITHIN THE STATE OF INDIANA. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW AND SHOULD ONLY BE DONE BY A LAWYER.

POWER OF ATTORNEY

OF
Amelia L. Plath a/k/a Amelia Plath
PRINCIPAL
TO
Bruce H. Plath
ATTORNEY IN FACT

AMASA G. COLBY
CHIEF DEP. RECORDER:
95003079

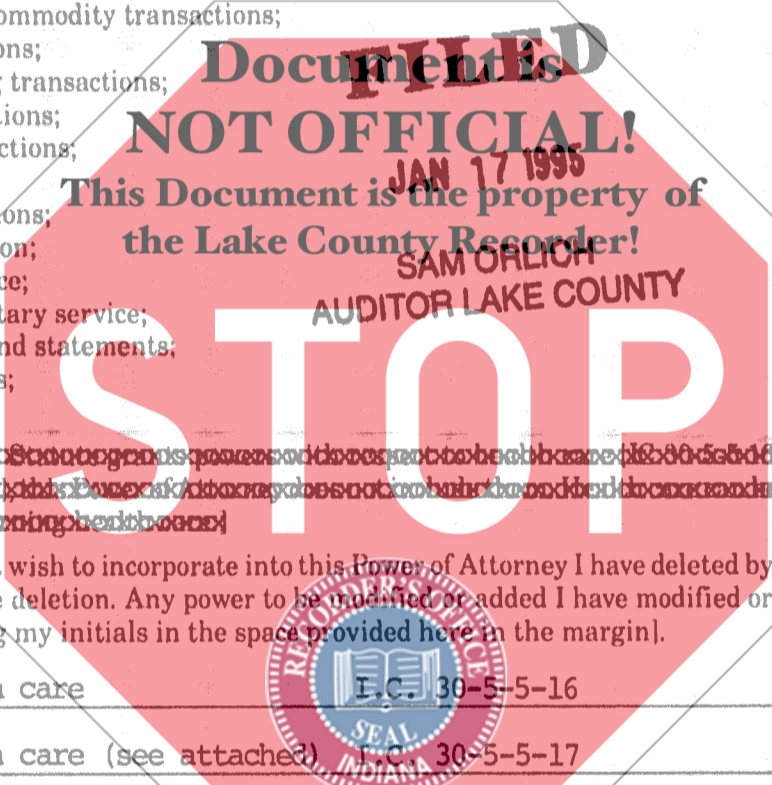
26-35-252-5

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. Powers. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing the power of attorney incorporates into it the powers here listed and confers general authority with respect to

- real property transactions; [IC 30-5-2]
- tangible personal property transactions; [IC 30-5-3]
- bond, share, and commodity transactions; [IC 30-5-4]
- banking transactions; [IC 30-5-5]
- business operating transactions; [IC 30-5-6]
- insurance transactions; [IC 30-5-7]
- beneficiary transactions; [IC 30-5-8]
- gift transactions; [IC 30-5-9]
- fiduciary transactions; [IC 30-5-10]
- claims and litigation; [IC 30-5-11]
- family maintenance; [IC 30-5-12]
- benefits from military service; [IC 30-5-13]
- records, reports, and statements; [IC 30-5-14]
- estate transactions; [IC 30-5-15]
- all other matters. [IC 30-5-19]



~~Notwithstanding the Statute, the power of attorney does not extend to health care [IC 30-5-16] and [IC 30-5-17], the power of attorney does not include the power to execute and record a separate power of attorney concerning health care.~~

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: (and have verified by writing my initials in the space provided here in the margin).

- Health care I.C. 30-5-16
- Health care (see attached) I.C. 30-5-17

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. Reservation of Power to Act and to Revoke. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. Chapters of Statute Also Applicable. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

- Definitions [IC 30-5-2]
- General Provisions [IC 30-5-3]
- Duties [IC 30-5-6]
- Reliance [IC 30-5-8]
- Liabilities [IC 30-5-9]
- Termination [IC 30-5-10]

D. Liability of Attorney in Fact. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.

E. Reliance on Power of Attorney. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution	Type of Account	Account Number
<u>Cabernet National Bank</u>	<u>Checking</u>	

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

Handwritten initials and number: *hi*
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Attachment to
POWER OF ATTORNEY

OF

Amelia L. Plath, Principal

TO

Bruce H. Plath, Attorney In Fact

Health care I.C. 30-5-5-17

Document is NOT OFFICIAL!
I authorize my health care representative 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 this prognosis by the 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 to on my behalf that any or all health care be disconnected or not instituted, even if death may result.

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


Amelia L. Plath
PRINCIPAL'S SIGNATURE

Amelia L. Plath, a/k/a Amelia Plath