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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

	UP Seen EP Out Cal	19 25-51 197 19 19 19 19		OF Amelia L. Plath a/k/a Amelia Plath	9500	CHIEF DE
vi Vi				PRINCIPAL TO -	3079	P. REC
				Bruce H. Plath ATTORNEY IN FACT		ORDE:

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 power than Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them.

real property transactions;	[IC 30-5-5-2] 当Q
tangible personal property transactions;	(IC 30-5-5-3) -0
bond, share, and commodity transactions;	[IC 30-5-5-4] 页之
banking transactions;	(IC 30-5 년 -5] 등국
banking transactions; business operating transactions; Document is	[IC 30-5-6]
	[IC 30-5-5-7]
beneficiary transactions; NOT OFFICIAL!	[IC 30-5-5-8]
gift transactions; This Document is the property of	[IC 30-5-5-9]
HOURISTY TRANSPORTING	(IC 30-5-5-10)
claims and litigation; the Lake County Responder!	[IC 30-5-5-11]
family maintenance; benefits from military service; AUDITOR LAKE COUNTY	[IC 30-5-5-12]
benefits from military service; AUDITOR LAKE COSTA	[IC 30-5-5-13]
records, reports, and statements;	[IC 30-5-5-14]
estate transactions;	[IC 30-5-5-15]
all other matters.	[IC 30-5-5-19]
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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

Health care (see attached)

IN FURTHERANCE OF THESE ROWERS, 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 Calumet National Bank	Type of Account	Account Number	

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 _______ County, State of Indiana.

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(BANKING INSTITUTION)		(BRANCH)		(CITY)
r individually or joint erty to it, and to reloc ion to those incorpora	power to enter or have actly with any other persor cate such box within the cated into this Power of A	n. I give the power also t e banking institution o Attorney by reference.	to remove property or at another. Powe	from such box or add ers here given are in
G. Duration of Pov KING ALL INAPPLI	wer of Attorney. SELI ICABLE PROVISIONS:	ECT ONLY ONE OF lin case of insufficient	THE FOLLOWING	IG PROVISIONS BY in a applies):
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H. Revocation of P f this Power of Attor	Prior Powers. I do/d8/888 rney. Revocation does no e to strike, prior powers	ot affect the validity of		
I. Guardians, If pronate Bruce H. Pla	otective proceedings for ath as g to serve in each case wi	r my person or for my zuardian of my person,	and Bruce H.	. Plath
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			PRINCIPAL'S SIGNATUR	a L. Plath, ayk/
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		PRINC	CIPAL'S SOCIAL SECURIT	NUMBER
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AMAIUMI)) SS.	William I	/	
ITY OF LAKE			/	
	ersigned, a Notary Publ	ic in and for said C	ntv and State 41:-	3 <u>24</u>
NOVEMBER	2_ , 199 , personally	y appeared the princi	ipal named above,	, signed this Power of
ey, and acknowled	lged the execution of it,	as the voluntary act a	nd deed of the prin	cipal, for the uses and
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Attachment to

POWER OF ATTORNEY

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Amelia L. Plath, Principal

TO

Bruce H. Plath, Attorney In Fact

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

I authorize my health care representative to make decisions in my best interest concerning withdrawal by withholding of health care. If at any time based on my previously expressed preferences and the diagnosis limit brognosisting thealth pranty representative is satisfied that certain health care is 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 autent appropriate, my health care representative may also discuss this decision with my family and others to the extent they are available.

PRINCIPAL'S SIGNATURE

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