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APPOINTMENT OF HEALTH CARE REPRESENTATIVE  
AND  
POWER OF ATTORNEY

JOSIAH G. VANTREASE

of

Merrillville, Lake County, Indiana (PRINCIPAL)

to

KENNETH D. VANTREASE  
(ATTORNEY IN FACT)

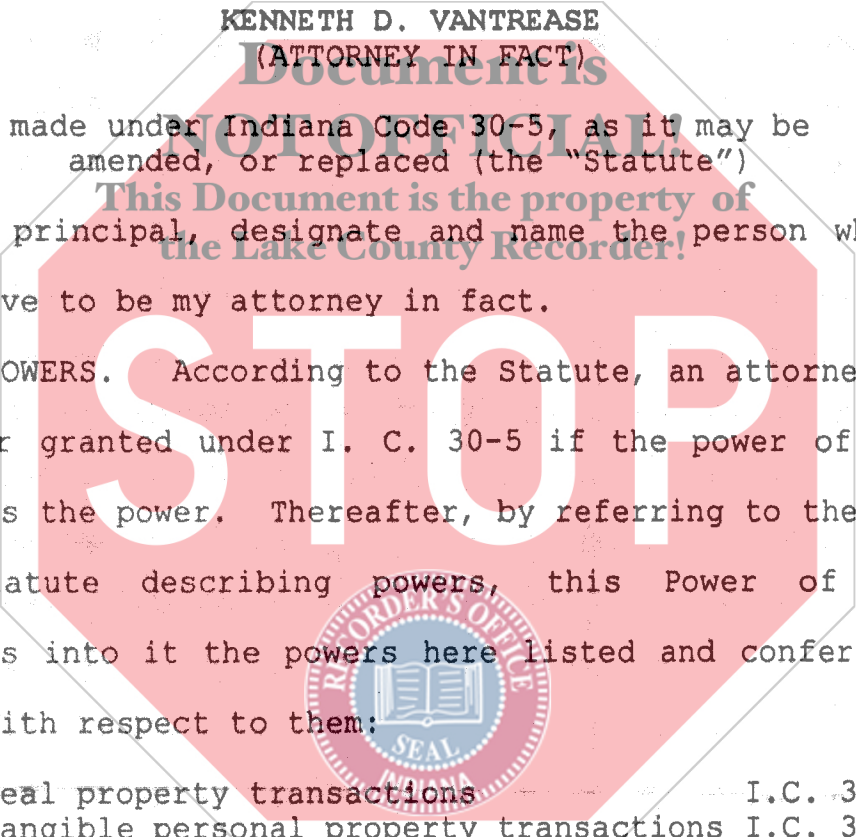
made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

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 I. C. 30-5 if the power of attorney incorporates the power. Thereafter, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

- real property transactions I.C. 30-5-5-2
- tangible personal property transactions I.C. 30-5-5-3
- bond, share, and commodity transactions I.C. 30-5-5-4
- banking transactions I.C. 30-5-5-5
- insurance transactions I.C. 30-5-5-7
- beneficiary transactions I.C. 30-5-5-8
- gift transactions I.C. 30-5-5-9
- claims and litigation I.C. 30-5-5-11
- family maintenance I.C. 30-5-5-12
- records, reports, and statements I.C. 30-5-5-14
- estate transactions I.C. 30-5-5-15
- general authority with respect to health care; I.C. 30-5-5-16

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power to withdraw or withhold  
health care;  
all other matters

I.C. 30-5-5-17  
I.C. 30-5-5-19

Additionally, pursuant to I. C. 16-8-12, I appoint my attorney in fact named herein as specified in the Statute, as my health care representative and grant to such person the general authority and powers conferred by I. C. 30-5-5-16 and 17 and specifically, 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 and prognosis, my 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be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.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.

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. To the same extent, I give my power and authority to act to my appointed health care representative.

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 and Appointment of Health Care Representative.

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 (I. C. 30-5-2)  
General Provisions (I. C. 30-5-3)  
Duties (I. C. 30-5-6)  
Reliance (I. C. 30-5-8)  
Liabilities (I. C. 30-5-9)  
Termination (I. C. 30-5-10)

D. LIABILITY OF ATTORNEY IN FACT. As permitted by I. C. 30-5-9-5, I, as principal, specifically provide that my attorney in fact and health care representative is liable only if my attorney in fact acts in bad faith.

E. RELIANCE ON POWER OF ATTORNEY. All persons to whom this Power of Attorney and Appointment of Health Care Representative 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.

F. DURATION OF POWER. This Power of Attorney and Appointment of Health Care Representative is not terminated by my incapacity.

G. GUARDIANS. If protective proceedings for my person or for my estate or for both, are commenced, I nominate **KENNETH D. VANTREASE** as guardian of my person, and **KENNETH D. VANTREASE** as guardian of my estate, to serve in each case without bond as may be permitted by law.

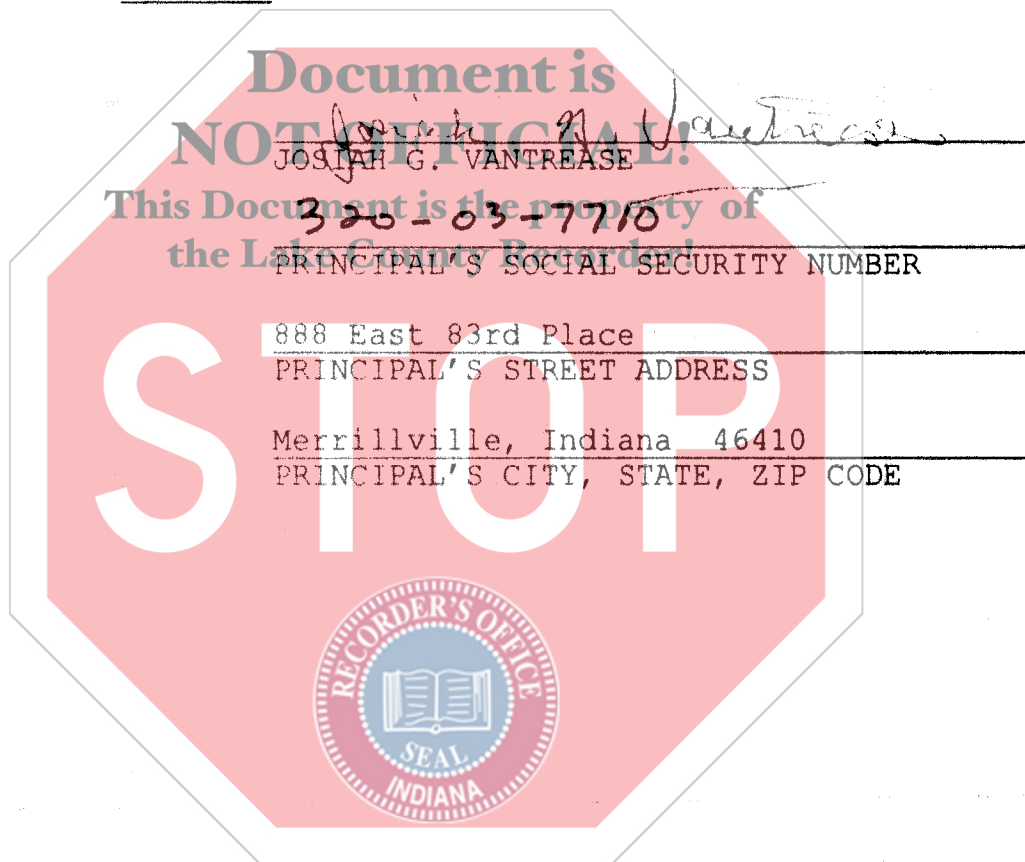
By giving me written notice while I am not incapacitated, my attorney in fact and Health Care Representative may resign or decline to serve. During a period of my incapacity, my attorney in fact and Health Care Representative in fact shall continue to serve until a successor is authorized to act under this document, whether designated and named in this document as such successor or selected by a court of competent jurisdiction to be such successor.

H. BINDING EFFECT. Any act or thing performed by my attorney in fact and Health Care Representative under this document binds me and my successors in interest, as the Statute provides.

SIGNED this 6<sup>th</sup> day of April, 1996, in Four counterparts, each of which shall be considered an original.

COUNTER PART NO. 1

Document is  
**NOT OFFICIAL!**  
*Josiah G. Vantrease*  
\_\_\_\_\_  
JOSIAH G. VANTREASE  
This Document is the property of  
320-83-7710  
\_\_\_\_\_  
PRINCIPAL'S SOCIAL SECURITY NUMBER  
888 East 83rd Place  
\_\_\_\_\_  
PRINCIPAL'S STREET ADDRESS  
Merrillville, Indiana 46410  
\_\_\_\_\_  
PRINCIPAL'S CITY, STATE, ZIP CODE



STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

BEFORE ME, the undersigned, a Notary Public in and for the said County and State, this 6<sup>th</sup> day of April, 1996, personally appeared the principal named above,\* signed this Appointment of Health Care Representative and Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

\*Josiah G. Vantrease

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last written above.

Document is  
NOT OFFICIAL

  
GARY K. MATTHEWS, Notary Public

This Document is the property of  
the Lake County Recorder!

My commission expires: 10/6/96  
Resident of Lake County

STOP

THIS INSTRUMENT PREPARED BY:

GARY K. MATTHEWS  
ENSLIN, ENSLIN & MATTHEWS  
Attorneys at Law  
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Hammond, Indiana 46320  
(219) 931-1700

