

Author: Arthel B. Martin at chicago,refinewhi
Date: 2/16/97 3:53 PM
Priority: Normal
TO: Arthel B. Martin at chicago,refinewhi
Subject: LIVING WILL

----- Message Contents -----

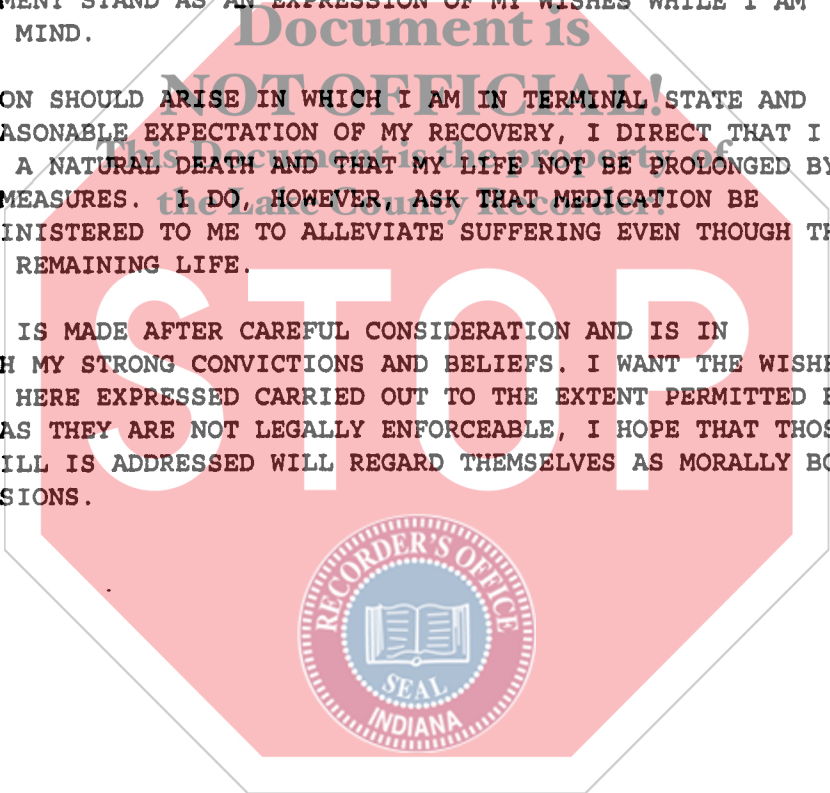
UNIFROM LIVING WILL OF ARTHEL B. MARTIN, LIVE.

TO MY FAMILY, MY PHYSICIAN, MY LAWYER, MY CLERGYMAN. TO ANY MEDICAL FACILITY IN WHOSE CARE I HAPPEN TO BE. TO ANY INDIVIDUAL WHO MAY BECOME RESPONSIBLE FOR MY HEALTH, WELFARE OR AFFAIRS.

DEATH IS AS MUCH A REALITY AS BIRTH, GROWTH, MATURITY AND OLD AGE - IT IS THE ONE CERTAINTY OF LIFE. IF THE TIME COMES WHEN I, ARTHEL B. MARTIN, LIVE, CAN NO LONGER TAKE PART IN DECISIONS OF MY OWN FUTURE, LET THIS STATEMENT STAND AS AN EXPRESSION OF MY WISHES WHILE I AM STILL OF SOUND MIND.

IF THE SITUATION SHOULD ARISE IN WHICH I AM IN TERMINAL STATE AND THERE IS NO REASONABLE EXPECTATION OF MY RECOVERY, I DIRECT THAT I BE ALLOWED TO DIE A NATURAL DEATH AND THAT MY LIFE NOT BE PROLONGED BY EXTRAORDINARY MEASURES. I DO, HOWEVER, ASK THAT MEDICATION BE MERCIFULLY ADMINISTERED TO ME TO ALLEVIATE SUFFERING EVEN THOUGH THIS MAY SHORTEN MY REMAINING LIFE.

THIS STATEMENT IS MADE AFTER CAREFUL CONSIDERATION AND IS IN ACCORDANCE WITH MY STRONG CONVICTIONS AND BELIEFS. I WANT THE WISHES AND DIRECTIONS HERE EXPRESSED CARRIED OUT TO THE EXTENT PERMITTED BY LAW. INSOFAR AS THEY ARE NOT LEGALLY ENFORCEABLE, I HOPE THAT THOSE TO WHOM THIS WILL IS ADDRESSED WILL REGARD THEMSELVES AS MORALLY BOUND BY THESE PROVISIONS.



97011321

MORRIS V. CARTER
RECORDER

97 FEB 24 PM 3:05

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

1977 BWAY GARY 46407

1300
Su_{es}

Author: Arthel B. Martin at chicago,refinewhi

Date: 2/16/97 2:42 PM

Priority: Normal

Subject: LIVING WILL

----- Message Contents -----

1. PROPERTY (BUILDING AND LAND) AND BUSINESS LOCATED AT 1977 BROADWAY, GARY IND 46407, TO BE GOVERNED SOLELY BY MY NIECE MONETTA WATSON IN CASE OF MY DEATH. SHE SHALL HAVE COMPLETE CONTROL OVER THE ENTIRE BUILDING. THIS CONTROL WILL CONTINUE UNTIL MY GRANDSON, DAKARI G. THURMON, GRADUATES FROM HIGH SCHOOL. DURING THIS PERIOD OF TIME MONETTA WILL BE RESPONSIBLE FOR ALL TAXES, REPAIRS AND OTHER ASSOCIATED BILLS THAT ACCOMPANY A BUSINESS. MONETTA WILL DECIDE OR WE WILL DECIDE TOGETHER (IF I AM STILL LIVING) IF DAKARI IS RESPONSIBLE ENOUGH TO MANAGE THE BUSINESS UPON COMPLETION OF HIGH SCHOOL, IF NOT, MONETTA WILL CONTINUE TO GOVERN THE BUSINESS/BUILDING. UPON MY DEATH THE PROPERTY IS TO BE OWNED SOLELY BY MY GRANDSON, DAKARI G. THURMON, FREE AND CLEAR. IF THE BUILDING IS SOLD AFTER YEAR 2005, ALL PROCEEDS WILL BE DIVIDED EQUALLY BETWEEN MONETTA, DAKARI AND MYSELF OR THE REMAINING SURVIVORS, OF THE THREE. THE APARTMENT UPSTAIRS WILL CONTINUE TO BE USED BY MONETTA AS LONG AS SHE WANTS, HOWEVER, SHE WILL PROVIDE LIVING CONDITIONS FOR DAKARI IF NEEDED. IF DAKARI FAILS TO DEMONSTRATE THE ABILITY OF A RESPONSIBLE PERSON, (MONETTA'S DECISION) ALL PROPERTY WILL BECOME SOLELY OWNED BY MONETTA WATSON. AT THE AGE OF 25, IF DAKARI G. THURMON, HAS DEMONSTRATED THE ABILITY TO BE RESPONSIBLE, THE BUILDING/BUSINESS IS HIS FREE AND CLEAR.

2. PROPERTY LOCATED AT 974 CHARLES HAWKINS DRIVE, GARY IN 46407 TO MY SON LAMONT H. MARTIN, FAYETTEVILLE NORTH CAROLINA, AS SOLE OWNER, FREE AND CLEAR, PROVIDING THAT IT IS NOT SOLD BEFORE MY DEATH.

3. ALL HOUSEHOLD FURNISHINGS, ALL PERSONAL ITEMS, JEWELRY AND CLOTHING TO MY GRANDSON DAKARI G. THURMON.

4. ALL VEHICLES, TRAILERS, BOATS, TRUCKS, CARS, FISHING EQUIPMENT AND ASSOCIATED FISHING GEAR TO MY GRANDSON, DAKARI G. THURMON.

5. ALL ELECTRIC/POWER TOOLS, (CARPENTER, ELECTRIC AND PLUMBING TOOLS) TO NORMAN KIMBALL, (FRIEND) GARY, IND.

6. I WANT TO CREMATED, THEREFORE YOU NEED ONLY TO RENT A CASKET FOR MY FUNERAL. MY ASHES TO BE SCATTERED ON THE NEAREST LAKE THAT I AM LIVING UPON.

7. ALL REMAINING MONEY AFTER THE FUNERAL WILL BE DIVIDED EQUALLY BETWEEN MY SON LAMONT'S CHILDREN (MY GRAND CHILDREN) AND DAKARI (MY GRANDSON)

8. TO MY DAUGHTER, ANITA E. MARTIN, I LEAVE THE VEHICLE THAT SHE HAS IN HER POSSESSION, 1989 PLYMOUTH, RED IN COLOR.

I herewith release any and all hospitals, physicians, and others both for myself and for my estate from any and all liability for complying with this declaration, to the fullest extent provided by law.

I herewith authorize my spouse, if any, or any relative who is related to me within the third degree to effectuate my transfer from any hospital or other health care facility in which I may be receiving care should that facility decline or refuse to effectuate the instructions given herein.

Signed: *A.B. Martin Live*

A.B. MARTIN LIVE
City of residence: GARY
County of residence: LAKE
State of residence: INDIANA
Social Security Number: 304-42-2722

Date: 2/19/97

Rosie M. Moore
Witness

Ernestine Frances
Witness

STATE OF Indiana
COUNTY OF Lake

This day personally appeared before me, the undersigned authority, a Notary Public in and for Lake County, Indiana State, ROSIE M. MOORE & ERNESTINE FRANCES (Witnesses) who, being first being duly sworn, say that they are the subscribing witnesses to the declaration of A.B. MARTIN LIVE, the declarant, signed, sealed and published and declared the same as and for his declaration, in the presence of both these affiants; and that these affiants, at the request of said declarant, in the presence of each other, and in the presence of said declarant, all present at the same time, signed their names as attesting witnesses to said declaration.

Affiants further say that this affidavit is made at the request of A.B. MARTIN LIVE, declarant, and in his presence, and that A.B. MARTIN LIVE at the time the declaration was executed, in the opinion of the affiants, of sound mind and memory, and over the age of eighteen years.

Taken, subscribed and sworn to before me by Rosie
M. Moore (witness) and Ernestine Frances (witness)
this 19th day of February, 1997.

My commission expires: 2-23-00

Virgil Moore Jr
Notary Public

VIRGIL MOORE JR
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. IT

