

3

GENERAL POWER OF ATTORNEY WITH RESPECT TO HEALTH CARE
AND
LIVING WILL DECLARATION

KNOW ALL MEN BY THESE PRESENTS, that I, JEAN E. BUNCICH of Griffith, Lake County, Indiana, do hereby make, constitute, and appoint my daughter, DEBRA T. MUENICH of St. John, Lake County, Indiana, my true and lawful Attorney-In-Fact for me and in my name, with full power of and authority to do any and all of the following acts and perform all things necessary to accomplish them as fully and effectually, in all respects, as I could do if personally present. Pursuant to the provisions of I.C. 1971, 30-5-5-1, each and all of the following matters and things are incorporated by reference as if fully set out herein, to-wit:

SECTION

- 30-5-5-1 Incorporation of powers.
- 30-5-5-2 Real property transactions.
- 30-5-5-3 Tangible personal property transactions.
- 30-5-5-4 Bond, share, and commodity transactions.
- 30-5-5-5 Banking transactions.
- 30-5-5-6 Business operating transactions.
- 30-5-5-7 Insurance transactions.
- 30-5-5-8 Beneficiary transactions.
- 30-5-5-9 Gift transactions.
- 30-5-5-10 Fiduciary transactions.
- 30-5-5-11 Claims and litigation.
- 30-5-5-12 Family maintenance.
- 30-5-5-13 Benefits from military service.
- 30-5-5-14 Records, reports, and statements.
- 30-5-5-15 Estate transactions.
- 30-5-5-16 General authority with respect to health care.
- 30-5-5-17 Power to withdraw or withhold health care.

97082749

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 DEC -3 AM 11:43
MORRIS W. CARTER

J. E. B.
JEB

HBO
Su
C#1165

30-5-5-18 Delegation of authority.

30-5-5-19 All other matters.

Declaration made this 7th day of November, 1997, I JEAN E. BUNCICH, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare, pursuant to the provisions of I.C. 1971, 16-36-1-1 et. seq.:

If at any time I have an incurable injury, disease, or illness certified in writing to be a terminal condition by my attending physician, and my attending physician has determined that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the provision of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

J.E.B.
JEB

