

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

POWER OF ATTORNEY

Key# 36-29-26

99 AUG -4 AM 9:33

99064984

I, Roger Besch, Lake County, State of Indiana, do hereby revoke all powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any, and do now designate Beverly Coomes, Lake County, State of Indiana, my true and lawful Attorney-In-Fact, or Agent, to have the following powers:

- (A) To make, draw and endorse promissory notes, checks or bills or exchange and to waiver demand, presentment, protest, notice of protest, and notice of nonpayment of all such instruments;
- (B) To make and execute any and all contracts;
- (C) To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;
- (D) To represent me in all matters pertaining to the business of any corporation in which I may have any interest;
- (E) To receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due and payable to me and to compromise or discharge the same;
- (F) To establish accounts of all kinds, including checking and savings, for me with financial institutions of any kind, including but not limited to banks and thrift institutions, to modify, terminate, make deposits to and write checks on or make withdrawals from and grant security interests in all accounts in my name or with respect to which I am an authorized signatory (except accounts held by me in a fiduciary capacity), whether or not any such account was established by me or for me by my Attorney-in-Fact or Agent, to negotiate, endorse or transfer any checks or other instruments with respect to any such accounts; to contract for any services rendered by any bank or financial institution;
- (G) To bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature;

FILED

AUG 03 1999

Page 1 of 4

000164

1600
tt
su

PETER BENJAMIN
LAKE COUNTY AUDITOR

TICOR TITLE INSURANCE
Crown Point, Indiana
99205028

25 x 10

(H) To execute instruments to effect the transfer of title to any motor vehicle owned by me;

(I) To execute and file tax returns;

(J) To have access to any and all safe deposit boxes on which my name may appear for the purpose of depositing and/or removing documents;

(K) To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be the owner now or hereafter;

(L) To employ agents or other persons in connection with the performance of these delegated powers as my Attorney-in-Fact or Agent shall see fit;

(M) To exercise general authority with respect to my health care, such powers to include but not be limited to the following:

(1) To employ or contract with servants, companions, or health care providers to care for me;

(2) To consent to or refuse health care for me in accordance with I.C. 16-36-1-1 *et seq.*, and I.C. 16-36-4-1 *et seq.*, my Attorney-in-Fact or Agent, as more fully set forth below, being now declared to be my health care representative and duly appointed to serve in such capacity;

(3) To admit or release me from a hospital or health care facility;

(4) To have access to records, including medical records, concerning my condition;

(5) To make anatomical gifts on my behalf; and

(6) To make plans for the disposition of my body;

(N) To have the power to withdraw or withhold health care, hereby authorizing my within named Attorney-in-Fact or Agent in his/her capacity as my health care representative to make decisions in my best interest concerning withdrawal and withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my Attorney-in-Fact or Agent acting as 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 Attorney-in-Fact or Agent in his/her capacity as health care representative for me 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 Attorney-in-Fact or Agent acting as my health care representative must try to discuss this decision with me. However, if I am unable to communicate, my Attorney-in-Fact or Agent as 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 Attorney-in-Fact or Agent in his/her capacity as my health care representative may also discuss this decision with my family and others, to the extent they are available;

(O) To generally transact any and all business for me of any kind and nature whatsoever necessary or proper to be done in matters affecting my property, including the institution, prosecution, compromise or settlement of legal proceedings, with the same force and effect as though I were personally present and acting myself;

(P) To make photocopies of this instrument as frequently and in such quantity as he/she shall deem appropriate, each photocopy to have the same force and effect as any original;

and I hereby ratify and confirm all that my said Attorney-in-Fact or Agent shall do by virtue hereof.

I hereby reserve the right of revocation, the within Power of Attorney to, however, continue in full force and effect until terminated by written notice to my hereinabove designated Attorney-in-Fact or Agent.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23 day of June, 1999.

Roger Boesch
Roger Boesch

Signed, Sealed and Delivered
in the Presence of:

STATE OF INDIANA)
)SS:
COUNTY OF)

Before me, a Notary Public, in and for said County and State, personally appeared, Roger Boesch, known to me to be the person who executed the within Power of Attorney, and acknowledged to me that he/she executed the same for the purposes therein stated.

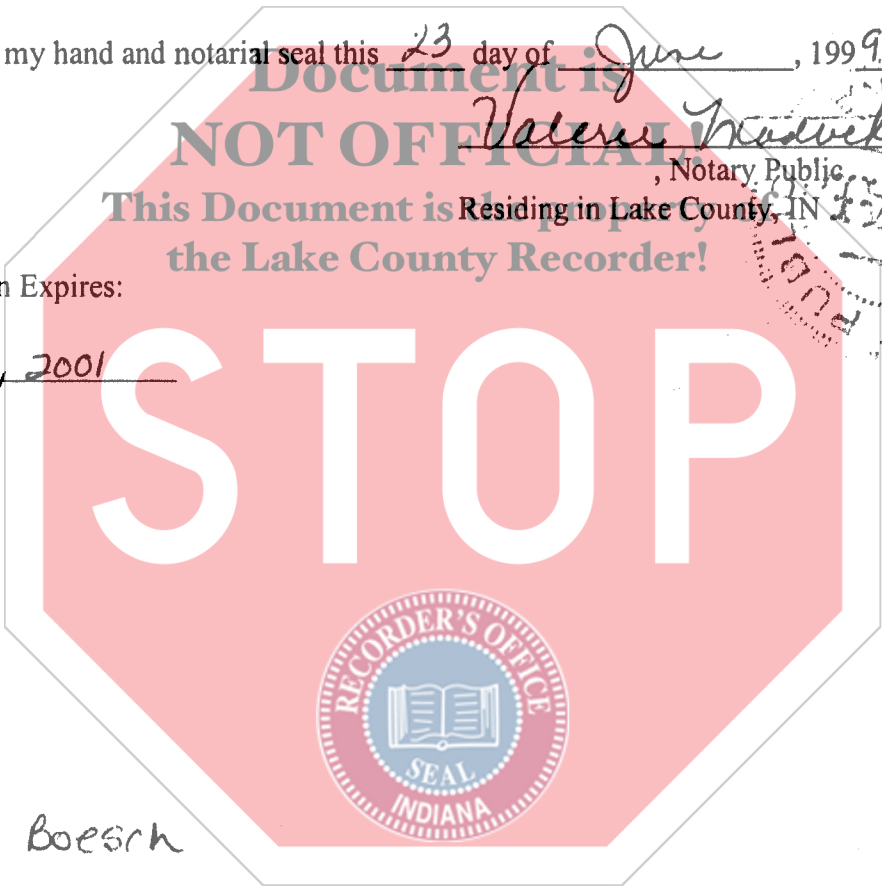
Witness my hand and notarial seal this 23 day of June, 1999.

Valerie Madvel
Notary Public
Residing in Lake County, IN
the Lake County Recorder!



My Commission Expires:

March 25, 2001



Prepared by Roger Boesch