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DURABLE
GENERAL POWER OF ATTORNEY,
MEDICAL POWER OF ATTORNEY,
AND LIVING WILL

KNOW ALL MEN BY THESE PRESENTS, that I, ANNA LETHIA BROOMES, of the City of East Chicago, County of Lake, State of Indiana, have made, constituted and appointed and by these presents, do make, constitute and appoint:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 OCT 25 AM 11:17

MICHAEL A. BROWN
RECORDER

OLIVIA R. MARTIN

as my agent and true and lawful attorney-in-fact, to do for me and in my name, place and stead, and for my use and benefit all such actions which I could do if personally present, without limitation.

My agent shall not be bound by any rules of self-dealing, conflicts of interest, or rule of law concerning divided loyalties.

This power of attorney shall be known as a DURABLE POWER OF ATTORNEY which shall be effective upon my incompetency and shall not be affected by any period of disability or incapacity by me, regardless of any legal adjudication of inability to administer to one's own affairs. My attorney-in-fact shall have each and every power granted by I.C. 30-5-5, et seq.

I shall be deemed to be incompetent for purposes of this power of attorney if my personal physician so certifies in writing, or if two physicians selected by my attorney-in-fact so certify in writing.

I hereby authorize my attorney-in-fact, as my HEALTHCARE REPRESENTATIVE, pursuant to, and in accordance with, I.C. 30-5-5-17 and I.C. 16-8-12, et seq., to make decisions in my best interest and on my behalf concerning any and all questions pertaining to my personal health, care and medical matters, including withholding and/or withdrawal of health care, what medical

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attention I might need and who should perform such medical services on my behalf, and also on all matters pertaining to whether or not I should receive nursing home care and/or hospital care and where I should be placed for such services.

If at any time, based upon my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care treatment or services or would be excessively burdensome, then my health care representative may express my will that such health care treatment or services be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

I further authorize my said attorney-in-fact, if required, as my LEGAL REPRESENTATIVE, to appear in any Court for the purpose of presenting to said Court my intent and wishes that in the event of an illness which will result in my death without life-support measures, that such life-support measures be withdrawn and that I be allowed to die a peaceful and dignified death, or in the absence of a Court hearing on the matter, to authorize health care personnel, including doctors, hospitals or other heath care facilities or personnel, to remove such life-support measures.

For the purposes of this document, such an illness is defined as in incurable or irreversible physical condition or process which, in reasonably medical probability, will result in my death unless extraordinary medical measures are used.

For the purposes of this document, such extraordinary medical measures include, but are not limited to, all medications (except for those which eliminate or alleviate pain or discomfort), surgical procedures, mechanical and electrical devises and artificial feeding, whether by intravenous procedures or otherwise, which will sustain, restore or supplant a vital bodily function. A measure is extraordinary if employing it would not offer a reasonable medical probability of returning to cognitive, sapient existence and which only serves to postpone the moment of my death.

THIS TERM DOES NOT INCLUDE MEDICATION OR OTHER MEDICAL OR

SURGICAL PROCEDURES WHICH WILL TEND TO ALLEVIATE PAIN AND/OR DISCOMFORT.

My agent must try to discuss this decision with me; however, if I am unable to communicate, my agent/attorney-in-fact/legal guardian/health care representative may also discuss this decision with my family and others to the extent that they are available; however, the final decision shall be made solely by my attorney-in-fact.

In making this decision, I request that my attorney-in-fact and family consider: (1) my diagnosis and prognosis; (2) the risks, benefits and burdens to me of treatment; (3) the emotional burdens on my family; (4) the financial burden on me or my family; (5) my statements concerning preferences regarding health care as expressed in this document; (6) other statements regarding health care that I have made, giving most weight to my most recent statements; and, (7) my ethical and religious principles as espoused by myself and witnessed by my attorney-in-fact.

I further authorize my attorney-in-fact to execute and deliver to all such health care providers on my behalf any release of liability for such action and any required exculpatory agreements for such action.

No person dealing with my attorney-in-fact shall be obligated to inquire into any of the acts of said attorney-in-fact, hereby giving and granting unto my said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my said attorney-in-fact may do.

Anna Lethia Broomes

ANNA LETHIA BROOMES

WITNESSES:

Laura J Brasovan
Signature

LAURA J BRASOVAN
Printed Name

Rudy K Kutansky
Signature

RUDY C. KUTANSKY
Printed Name

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for the above County and State, personally appeared the above named ANNA LETHIA BROOMES and acknowledged the execution of the above and foregoing Durable General Power of Attorney, Medical Power of Attorney and Living Will for the uses and purposes therein stated this 22nd day of Sept., 1999.

Kirk E Marrie
NOTARY PUBLIC

My Commission Expires: 4-24-00
My County of Residence: Lake

This Document Prepared By:
Attorney Kirk E. Marrie, 9105 Indianapolis Boulevard, Highland, IN 46322. Ph: (219) 989-7377

OLIVIA MARTIN
2301 [redacted]
LITHUANICA ST. EAST CHICAGO, IN 46312