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STATE OF INDIANA
LAKE COUNTY
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**POWER OF ATTORNEY
WITH LIVING WILL AND
HEALTH CARE CONSENT PROVISIONS**
**PETER BENJAMIN
LAKE COUNTY AUDITOR**

I, MAGDAL ENA BYCZKO, the undersigned, hereby appoint CHESTER W. BYCZKO, whose address is 1250 McArthur Blvd., Munster, IN 46321, as my true and lawful attorney-in-fact.

I appoint said attorney-in-fact to do and perform for me and in my name and carry out every act that my attorney-in-fact deems necessary and proper to protect and promote my interests and affairs as fully and effectively as I would do myself if present and able to do so.

1. My attorney-in-fact shall have the following powers set forth in the Indiana Power of Attorney Act and incorporated herein by reference:

- A. I.C. 30-5-5-2. General authority with respect to real property.
- B. I.C. 30-5-5-3. General authority with respect to tangible personal property.
- C. I.C. 30-5-5-4. General authority with respect to bonds, shares, and commodities.
- D. I.C. 30-5-5-5. General authority with respect to banking.
- E. I.C. 30-5-5-6. General authority with respect to business operations.
- F. I.C. 30-5-5-7. General authority with respect to insurance.
- G. I.C. 30-5-5-8. General authority with respect to beneficiaries.
- H. I.C. 30-5-5-9. General authority with respect to gifts.
- I. I.C. 30-5-5-10. General authority with respect to fiduciaries.
- J. I.C. 30-5-5-11. General authority with respect to claims and litigation.
- K. I.C. 30-5-5-12. General authority with respect to family maintenance.
- L. I.C. 30-5-5-14. General authority with respect to records, reports, and statements.
- M. I.C. 30-5-5-15. General authority with respect to estates.
- N. I.C. 30-5-5-16. General authority with respect to health care.
- O. I.C. 30-5-5-17. Power to withdraw or withhold health care.
- P. I.C. 30-5-5-18. General authority with respect to delegating authority.
- Q. I.C. 30-5-5-19. General authority with respect to all other matters.

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2. My attorney-in-fact shall also have the following powers:

A. **Medical and Hospital Care and Living Will Provisions --** To act in my stead in my admission to hospitals, clinics, and nursing homes, and in giving consents to medical and surgical procedures, and operations, and to do all things I can do in respect to receiving any health care I may require, should I be unable to give directions and execute the required documents, including the right to give directions regarding the use of life-prolonging procedures in the event 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; in which event 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 or 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 attorney-in-fact, my family and my physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

B. **Power to Withdraw or Withhold Health Care --** 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. None of the provisions herein shall be construed to authorize euthanasia.

It is my intention that this document comply with the Indiana Power of Attorney Act I.C. 30-5-4-1, et seq., the Indiana Health Care Consent Law I.C. 16-36-1-1, et seq., and the Indiana Living Will Law I.C. 16-36-4-1, et seq., and that my attorney-in-fact shall have all the rights given to him by said laws to act for me.

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

If protective proceedings for my person and/or estate shall be commenced, I hereby nominate CHESTER W. BYCZKO as Guardian(s) of my person and CHESTER W. BYCZKO as Guardian(s) or Conservator(s), as the case may be, of my estate, to serve without bond to the full extent permitted by law.

Any banks, savings and loan associations, investment firms, and/or other persons, firms or corporations may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, or caused it to be delivered, to such person, firm or corporation.

This Power of Attorney shall not be affected by my subsequent disability or incapacity, nor by lapse of time, it being my intention that this instrument constitute a durable power of attorney under the Indiana Power of Attorney Act of 1991.

Signed this 14th day of October, 1994, in two counterparts, each of which shall be considered an original.

Counterpart No. 2



Magdalena Byczko

Grantor, MAGDAL ENA BYCZKO

Grantor's Social Security No.:
303-36-4797

Grantor's Address:
1042 169th Place
Hammond, IN 46324

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

The Grantor-declarant has been personally known to us, and in our opinion is of sound and disposing mind and memory. We did not sign the declarant's signature above or at the

direction of the declarant. Neither of us is a parent, spouse, or child of the declarant. Neither of us is entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. We are competent and at least eighteen (18) years old.

William J. O'Connor
Witness

Highland, In -
Address

Lenia Kalwinski
Witness

Highland Indiana
Address

STATE OF INDIANA

COUNTY OF LAKE

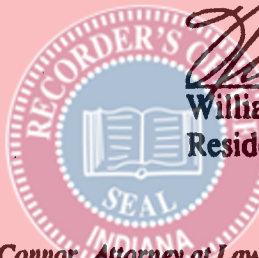
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the Lake County Recorder!

Before me, the undersigned, a Notary Public in and for said County and State, this 14th day of October, 1994, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated.

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

My Commission Expires:
April 13, 1996



William J. O'Connor
William J. O'Connor, Notary Public
Resident of Lake County

This instrument prepared by: William J. O'Connor, Attorney at Law, 2646 Highway Avenue, Highland, IN 46322

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LEGAL DESCRIPTION

Lots 5 and 6 in Block 3, Walter Addition to Hammond, as per plat thereof, recorded in Plat Book 10, page 1, in the Office of the Recorder of Lake County, Indiana.

