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CARROLL & DONALDSON  
ATTORNEYS AT LAW  
101 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307  
LAKE COUNTY  
FILED FOR RECORD

2000 032931

2000 MAY 15 '00 9 47

POWER OF ATTORNEY

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Chicago Title Insurance Company

I, Mary B. Johnston, 716 South Sherman Street, Crown Point, Lake County, State of Indiana, as Principal and Declarant, do hereby make, constitute and appoint my daughter-in-law, Jean Ann Johnston, 749 West Elizabeth, Crown Point, Lake County, State of Indiana, my true and lawful attorney in fact, for me and in my name, place and stead to do and perform each and every act hereinafter set forth, to-wit:

1. To exercise all powers which are granted pursuant to Indiana P.L. 149-1991, Sec. 2 through Sec. 19, which are incorporated by reference to the descriptive language in the following Sections, identified by reference to the Indiana Code, as follows:

<u>Indiana Code Section</u>	<u>Descriptive Language</u>
I. C. 30-5-5-2	General authority with respect to real property
I. C. 30-5-5-3	General authority with respect to tangible personal property
I. C. 30-5-5-4	General authority with respect to bonds, shares and commodities
I. C. 30-5-5-5	General authority with respect to banking

After Recording To  
JEAN ANN JOHNSON  
749 W ELIZABETH DR.  
CROWN POINT, IN 46307

**FILED**

MAY 12 2000

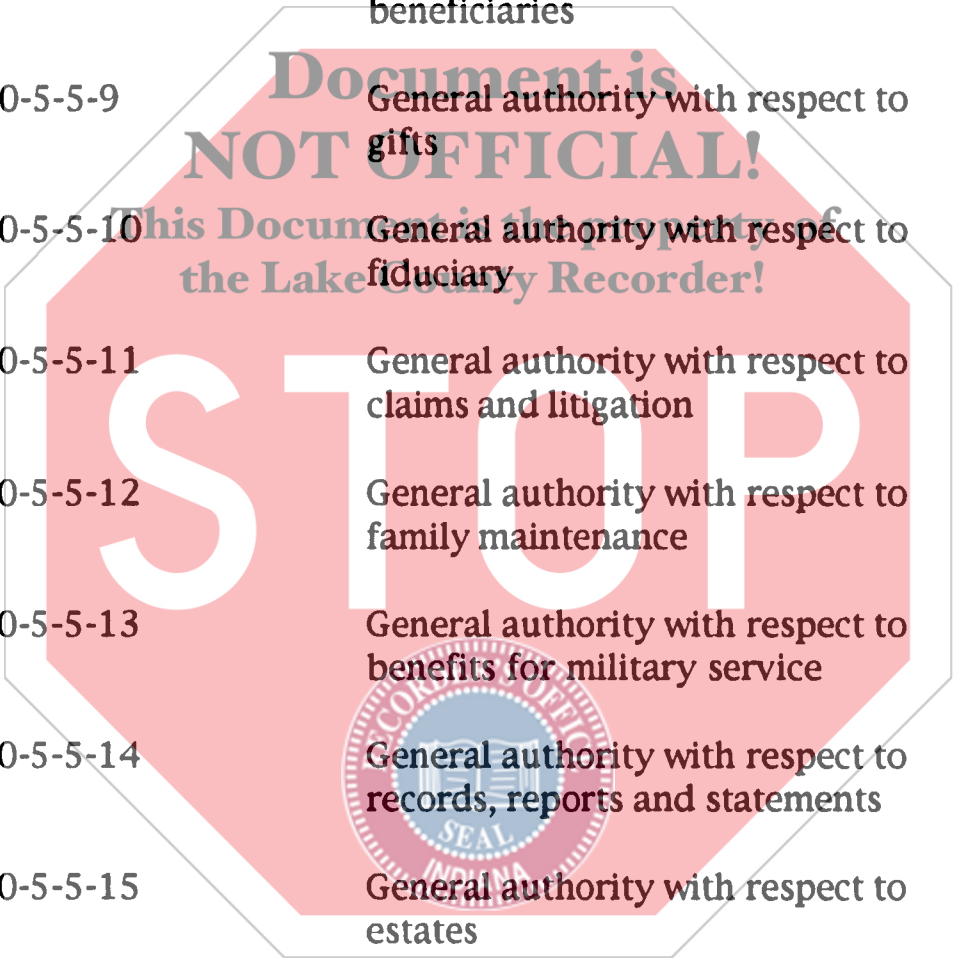
PETER BENJAMIN  
LAKE COUNTY AUDITOR

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25.00  
for  
CP

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- I. C. 30-5-5-6                    General authority with respect to  
business operations
- I. C. 30-5-5-7                    General authority with respect to  
insurance
- I. C. 30-5-5-8                    General authority with respect to  
beneficiaries
- I. C. 30-5-5-9                    General authority with respect to  
gifts
- I. C. 30-5-5-10                    General authority with respect to  
fiduciary
- I. C. 30-5-5-11                    General authority with respect to  
claims and litigation
- I. C. 30-5-5-12                    General authority with respect to  
family maintenance
- I. C. 30-5-5-13                    General authority with respect to  
benefits for military service
- I. C. 30-5-5-14                    General authority with respect to  
records, reports and statements
- I. C. 30-5-5-15                    General authority with respect to  
estates
- I. C. 30-5-5-16                    General authority with respect to  
health care



Living Will

I willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth herein, and in furtherance thereof, pursuant to Indiana Statute, I declare:

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 procedures 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 this refusal. I

understand the full import of this declaration. *Provided*, however, if Indiana law permits the withholding or withdrawal of nutrition and hydration, I direct that nutrition and hydration be withheld or withdrawn if the situation should arise that I am in an irreversible coma or a persistent vegetative state certified in writing by my attending physician.

This declaration, pursuant to I. C. 16-36-4-1, et seq., is made subject to the further provisions of this Power of Attorney, and the authority which I have hereinafter granted my Attorney-in-Fact, as my health care representative.

I. C. 30-5-5-17 Power to withdraw or withhold health care

Appointment of Health Care Representative

Pursuant to I.C. 16-36-1-1 et seq. I appoint my daughter-in-law, Jean Ann Johnston, my health care representative, and I authorize her to make decisions in my best interests 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

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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 that they are available. In the event Jean Ann Johnston, my attorney in fact, is unable for any reason to act as my health care representative, I then appoint my son, James W. Johnston to act as my health care representative.

I.C. 30-5-5-18

General Authority with Respect to Delegating Authority

I.C. 30-5-5-19

General Authority with Respect to all other matters

\* \* \*

2. Without limiting the above and foregoing general powers granted by said Indiana Statute, and all of the Code Sections referred to in Paragraph 1, above, I additionally grant my attorney-in-fact the following specific powers:

A. To draw checks and drafts against any checking or savings or other accounts standing in my name, making the same payable to my attorney or others; and to endorse checks and drafts and make deposits in any such accounts or other accounts.

B. To purchase, or to sell, assign, pledge or otherwise deal with and dispose of notes, stocks, bonds, certificates of deposit and other securities standing in my name.

C. To demand and to receive all sums of money, debts, dues, accounts, interests, dividends, annuities and other demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me.

D. To bargain for and contract concerning, and to buy or to sell or mortgage or hypothecate and otherwise deal with and dispose of my personal property; and to execute bills of sale, title documents and other instruments necessary for the purchase, sale or transfer or encumbrance of my personal property of any kind or nature whatsoever, including but not limited to any motor vehicles or trailers owned by me, and the titles thereto.

E. To mortgage and encumber, and to sell, deed and convey any or all of my real property, including but not limited to my home at 716 South Sherman Street, Crown Point, Indiana.

In exercise of powers hereby granted regarding my real property, but not by way of limitation, to execute all instruments of whatever nature, including assignments, mortgages, contracts, quitclaim and warranty deeds, affidavits, closing documents, as well as any papers and documents needed to clarify or insure any defects in title; to receive funds due; to pay all obligations in connection with any such transactions, including but not limited to taxes, title expenses, recording fees, commissions and legal expenses; and in general to perform each and every other lawful act in connection with such transactions concerning said real property as effectively as if I, the undersigned, might if present and acting in my own behalf.

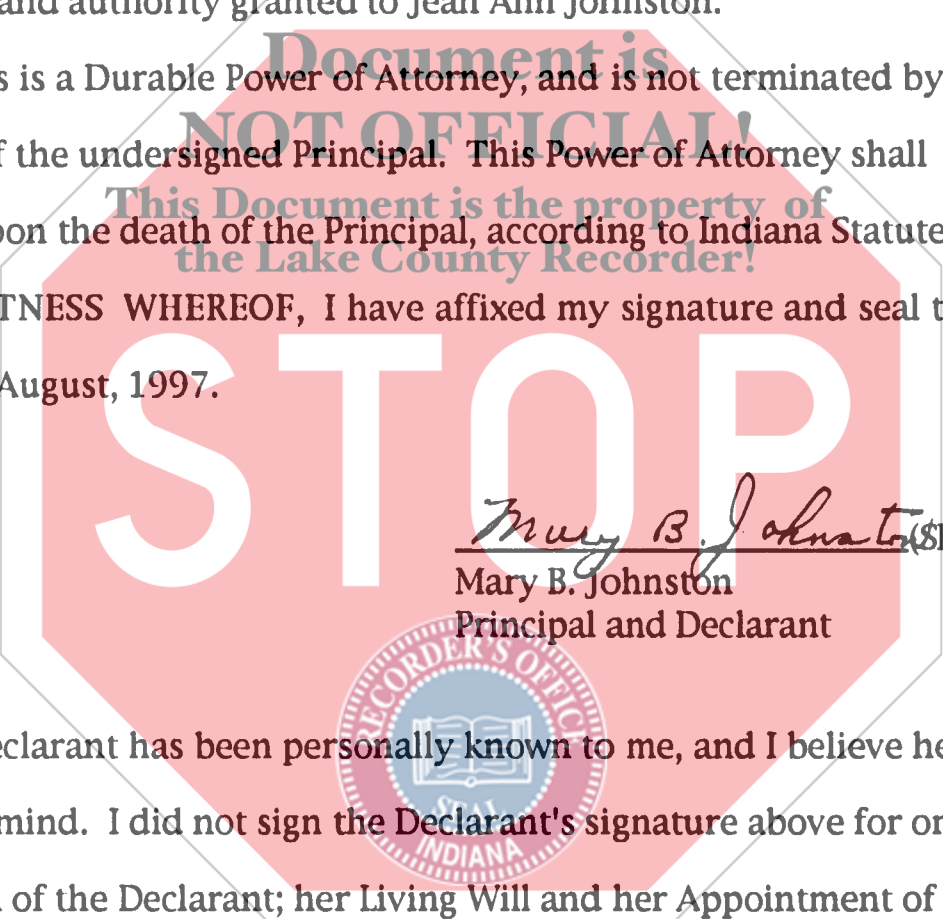
F. Generally, to transact any and all business for me of any kind or nature whatsoever and to do and perform each and every act and thing whatsoever requisite, necessary, proper or helpful to be done in all matters affecting my business or real and personal property; all with the same force and effect as though I were personally present and acting for myself, and I hereby ratify and confirm all that my said attorney-in-fact shall do by virtue of this Power of Attorney.

G. In the event any powers set forth in this Power of Attorney shall be similar, or in conflict, or overlap, the broadest power shall control.

3. In the event Jean Ann Johnston, is absent at a time when my personal affairs need attention, or is ill, or deceased, or unable for any reason to exercise her power and authority as my attorney in fact, I then appoint my son, James W. Johnston my attorney in fact with all and the same power and authority granted to Jean Ann Johnston.

4. This is a Durable Power of Attorney, and is not terminated by the incapacity of the undersigned Principal. This Power of Attorney shall terminate upon the death of the Principal, according to Indiana Statute.

IN WITNESS WHEREOF, I have affixed my signature and seal this 1st day of August, 1997.

  
Mary B. Johnston (SEAL)  
Mary B. Johnston  
Principal and Declarant

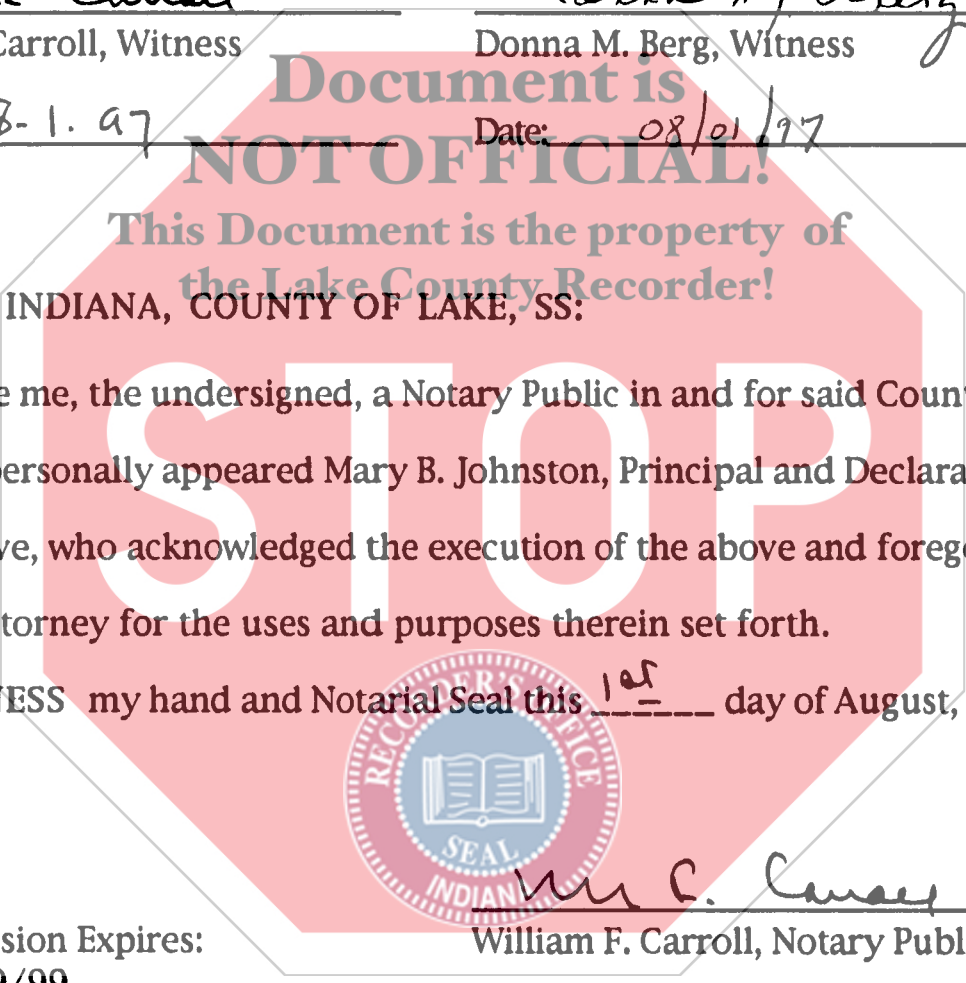
The Declarant has been personally known to me, and I believe her to be of sound mind. I did not sign the Declarant's signature above for or at the direction of the Declarant; her Living Will and her Appointment of Health Care Representative were signed in the presence of the undersigned two (2) competent witnesses; I am not parent, spouse, or child of the



Declarant; I am not entitled to any part of the Declarant's Estate or directly financially responsible for the Declarant's medical care. I am competent and at least eighteen (18) years old.

William F. Carroll                      Donna M. Berg  
William F. Carroll, Witness              Donna M. Berg, Witness

Date: 8-1-97                                      Date: 08/01/97



STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Mary B. Johnston, Principal and Declarant named above, who acknowledged the execution of the above and foregoing Power of Attorney for the uses and purposes therein set forth.

WITNESS my hand and Notarial Seal this 1st day of August, 1997.

My Commission Expires: 10/19/99                      William F. Carroll  
William F. Carroll, Notary Public

County of Residence: Lake

This instrument was prepared by: William F. Carroll, Attorney at Law  
101 North Main Street  
Crown Point, IN 46307  
(219) 663-1298