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LIVING WILL DECLARATION, DURABLE POWER OF ATTORNEY  
AUTHORIZATION AND APPOINTMENT OF HEALTH CARE  
REPRESENTATIVE DESIGNATION

OF

PAULINE RITA CARGAL

2000-058267  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2000 AUG 15 11 32 AM  
MORRIS W. CARTER  
RECORDER

I, PAULINE RITA CARGAL, of 7342 Magoun Avenue, Hammond, Indiana 46324, declare this to be my Living Will, pursuant to Indiana Code Provisions section § 16-36-4-1 through § 16-36-4-21 and the Laws of the State of Indiana, revoking all previous Living Wills. For all purposes of my Living Will, it is my expressed intent that my legal residence and domicile is 7342 Magoun Avenue, Hammond, Lake County, Indiana 46324. Furthermore, the laws of the State Of Indiana shall govern any and all disputes, causes of action and/or controversies.

Death is as much a reality as birth, growth, maturity and old age. It is the one certainty of life. If the time comes when I can no longer take part in decisions for my own future, let this declaration stand as an expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

FILED

AUG 14 2000

March 9, 2000  
DATE

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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Chicago Title Insurance Company

**LIVING WILL DECLARATION, DURABLE POWER OF ATTORNEY AND  
HEALTH CARE REPRESENTATIVE DESIGNATION**

**A. Living Will Declaration**

This Declaration is made this 9<sup>th</sup> day of March, 2000. I, PAULINE RITA CARGAL, 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:

If at any time I have an incurable injury, disease, or illness certified in writing to be a terminable 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 and/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.

**B. Durable Power of Attorney Authorization And  
Appointment Of Health Care Representative**

Pursuant to Indiana Code Provisions Section § 30-5-1-1 through § 30-5-1-8, § 30-5-2-1 through § 30-5-2-8; § 30-5-3-1 through § 30-5-3-5; § 30-5-4-1 through § 30-5-4-5; § 30-5-5-1 through § 30-5-5-19; § 30-5-6-1 through § 30-5-6-5 and the laws of the State of Indiana:

This durable power of attorney shall not be affected by

March 9, 2000  
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subsequent disability or incapacity of the principal and maker of this Living Will, PAULINE RITA CARGAL, or lapse of time. Further, this durable power of attorney shall become effective upon the disability or incapacity of the principal and maker of this Living Will, PAULINE RITA CARGAL.

I do hereby appoint my Son, JOHN CARGAL, of 817 Tyler Avenue, Dyer, Indiana 46311, as my attorney-in-fact.

My attorney-in-fact shall have the following rights and powers:

1. To exercise any and all decision-making rights, powers and authority under my Living Will.

2. To make, draw and endorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest and notice of non-payment of all such instruments.

3. To make any and all contracts, releases, agreements, assignments of rights, delegation of duties and legal covenants.

4. 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 or payable to the principal and maker of this Living Will.

5. To receive any and all confidential information.

6. To file suit, take any legal action and to perform any and all acts which the principal and maker of this Living Will can perform.

7. My attorney-in-fact, whether the original or successor, shall be my health care representative pursuant to Indiana Code Provisions Section § 16-36-1-1 through § 16-36-1-14; § 16-36-1.5-1 through § 16-36-1.5-9; § 16-36-2-1 through § 16-36-2-5; § 16-36-3-1 through § 16-36-3-10 and the laws of the State of Indiana, and shall have full power and authority to do any lawful act for me and in my name, if and only in the event that I am unable to act in my own behalf, to make all decisions related to my personal health care, including but not limited to:

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a. The power to employ servants, companions, nurses or doctors to care for me.

b. The power to admit or release me from any hospital or health care facility.

c. The power to consent on my behalf to any treatment, physical or psychiatric, or to any surgical procedure for injury or disease from which I may be suffering.

d. The power to have access to any medical records concerning my condition.

e. The power to make anatomical gifts on my behalf.

f. The power as my health care representative to act for me in matters of health care, and any and all other matters, in accordance with Indiana Code Provisions Section § 16-36-1-1 through § 16-36-1-14; § 16-36-1.5-1 through § 16-36-1.5-9; § 16-36-2-1 through § 16-36-2-5; § 16-36-3-1 through § 16-36-3-10 and the laws of the State of Indiana, including the authorization to delegate all or part of this authority to any eligible individual who has not been disqualified as provided by the laws of the State of Indiana.

g. The power to demand on my behalf that medical therapy be discontinued or not be instituted, including but not limited to cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusion, nasogastric tube use, intravenous feedings, endotracheal tube use, antibiotics and organ transplants. My attorney-in-fact shall try to discuss this decision with me; however, if I am unable to communicate, my attorney-in-fact shall make the final and dispositive decision guided by my previously expressed preferences and secondarily by the physician's diagnosis.

h. 1. I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care.

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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 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 discontinued or not instituted, even if death may result.

h. 2. 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 decision for me, after consultation with my physician or physicians and other relevant health care providers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

h. 3. Said appointment of my health care representative is not to be considered as expressing my intention; however, my health care representative's decision(s) concerning withholding or withdrawing life-prolonging procedures and/or other medical procedures shall take precedence, and shall be final, binding and dispositive.

8. All acts done by my attorney-in-fact pursuant to this durable power of attorney during any period of disability or incapacity of the principal and maker of this Living Will Declaration, Durable Power Of Attorney Authorization and Appointment Of Health Care Representative Designation shall have the same effect and inure to the benefit of and bind the principal and the principal's heirs, executors, assigns, administrators and successors in interest as if the principal were competent and not disabled.

9. My attorney-in-fact shall have all the rights, powers and authority delineated in the Indiana Uniform Durable Power of Attorney Act. (Indiana Uniform Durable Power of Attorney Act §30-5-1-1 through §30-5-1-8; §30-5-2-1 through §30-5-2-8; §30-5-3-1 through §30-5-3-5; §30-5-4-1 through §30-5-4-5; §30-5-5-1 through

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§ 30-5-5-19; § 30-5-6-1 through § 30-5-6-5 and the laws of the State of Indiana.)

10. My attorney-in-fact shall also have the following rights and powers, and any others that may be granted by law with respect to this Living Will Declaration, Durable Power Of Attorney Authorization And Appointment Of Health Care Representative Designation, to be exercised as my attorney-in-fact decides to be in the best interest of the principal and maker of this Living Will Declaration, Durable Power Of Attorney Authorization And Appointment of Health Care Representative Designation.

a. To retain any property or undivided interest in property received from any source, including residential property, regardless of any lack of diversification, risk, or non-productivity;

b. To retain uninvested cash;

c. To invest and reinvest the principal's estate in bonds, notes, or stocks of corporations regardless of class; real estate or any interest in real estate, any interest in trusts, including common funds or mutual funds, or in any other property or undivided interest in property wherever located, without being limited to any statute or rule of law concerning investments by trustees;

d. To sell any assets, for cash or on credit, at public or private sales, to exchange any assets for other assets; to grant options to purchase or acquire any assets; and to determine the prices and terms of sales, exchanges, and options;

e. To operate, maintain, repair, rehabilitate, alter, improve or remove any improvements on real estate; to make leases and sub-leases for terms of any length, even though the terms may extend beyond the termination of the trust; to subdivide real estate; to grant easements, to give consents and make contracts relating to real estate or its use; to release or dedicate any interest in real estate;

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f. To borrow money upon terms and conditions as may appear to be proper;

g. To employ auditors, depositaries and agents, with or without discretionary powers; to exercise in person or by proxy all voting and other rights with respect to stocks or other securities; and to keep any property in bearer form or in the name of a trustee or a nominee, with or without disclosure of any fiduciary relationship;

h. To determine in accordance with the law in effect at the time of the determination, or in an equitable manner in those cases not then clearly covered by that law, the allocation or appointment of all receipts and disbursements between income and principal, and to charge any part of its annual compensation against principal;

i. To receive additional property from any source;

j. To make division or distribution in money or in kind; or partly in either, at values to be determined by the attorney-in-fact; and the judgment of the attorney-in-fact in such respects shall be binding upon all interested parties;

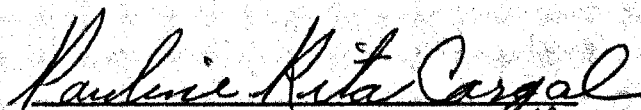
k. To establish out of income and credit to principal reasonable reserves for the depreciation of tangible property;

l. To purchase insurance of any kind, including liability insurance;

m. To continue the operations of any business operated by the principal and maker of this Living Will Declaration, Durable Power Of Attorney Authorization And Appointment Of Health Care Representative Designation.

n. To buy and sell real estate and/or any interest in real estate owned by the principal and maker herein.

I knowingly and voluntarily make, and understand the full impact of, this Living Will Declaration, Durable Power Of Attorney Authorization And Appointment Of Health Care Representative Designation.

  
PAULINE RITA CARGAL  
PRINCIPAL/MAKER

  
INITIALS

March 9, 2000  
DATE

Sandra Fraley, LPN  
WITNESS

Rose Mirales, LPN  
WITNESS

Michael B. Haughey  
WITNESS

**Document is  
NOT OFFICIAL!**

**This Document is the property of  
SELF-PROOF OF LIVING WILL DECLARATION, DURABLE  
POWER OF ATTORNEY AUTHORIZATION AND APPOINTMENT  
OF HEALTH CARE REPRESENTATIVE DESIGNATION**

UNDER THE PENALTIES FOR PERJURY, we PAULINE RITA CARGAL,  
Sandra Fraley, Rosemarie Mirales, and  
Michael B. Haughey, whose names are signed to the attached  
and foregoing instrument declare:

1. That PAULINE RITA CARGAL executed the Instrument as her  
Living Will Declaration, Health Care Representative Designation and  
Durable Power Of Attorney Authorization;

2. That in the presence of all Witnesses, she signed or  
acknowledged her signature already made or directed another to sign  
for her in her presence;

3. That she executed the Living Will Declaration, Health Care  
Representative Designation and Durable Power of Attorney  
Authorization as her free and voluntary act for the purposes  
expressed in it;

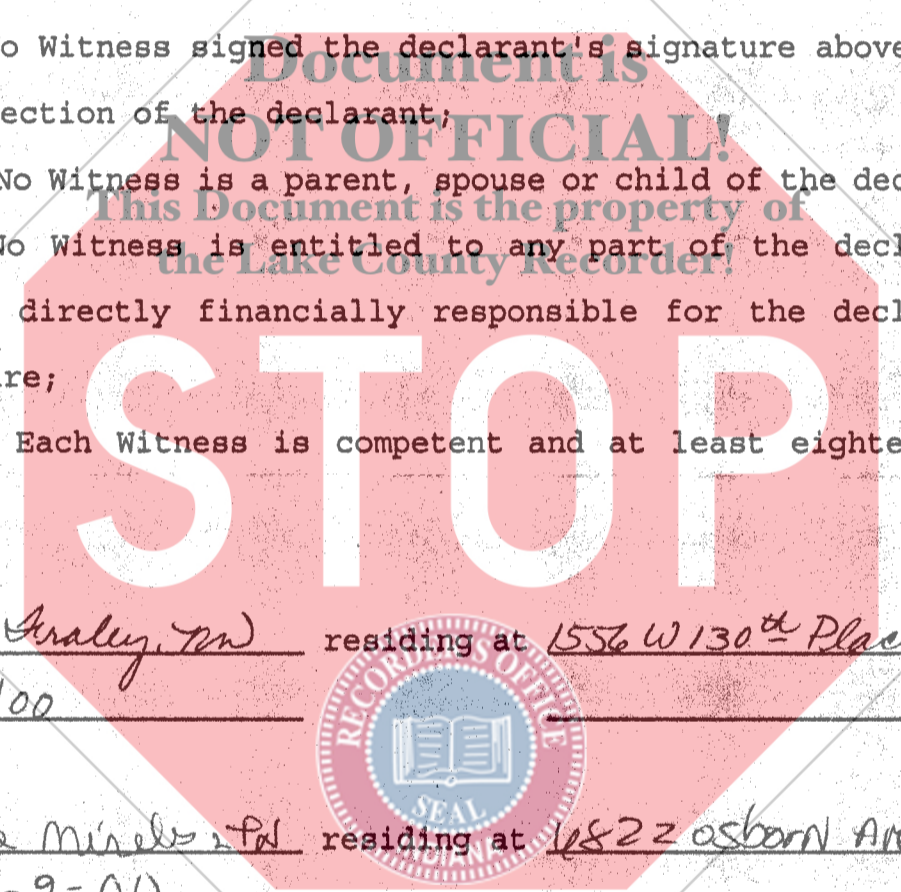
4. That each of the Witnesses, in the presence of PAULINE  
RITA CARGAL and each other signed the Living Will Declaration,  
Health Care Representative Designation and Durable Power Of  
Attorney Authorization as witnessed;

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5. That PAULINE RITA CARGAL was of sound mind;
6. That to the best of each Witnesses' knowledge PAULINE RITA CARGAL was at the time eighteen (18) or more years of age or was a member of the armed forces or the merchant marine of the United States, or its allies;
7. That PAULINE RITA CARGAL knew and understood the nature and extent of her property, and she intended to execute her Living Will Declaration, Health Care Representative Designation and Durable Power Of Attorney Authorization as was done herein;
8. The declarant has been personally seen by each Witness, and each Witness believes her to be of sound mind;
9. No Witness signed the declarant's signature above for or at the direction of the declarant;
10. No Witness is a parent, spouse or child of the declarant;
11. No Witness is entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care;
12. Each Witness is competent and at least eighteen (18) years old.



Andra Araley, MD residing at 1556 W 130<sup>th</sup> Place Crown Point, IN 46307  
 DATE 3/9/00

Rosemarie Mirels, PA residing at 12822 Osborn Ave Hammond IN 46323  
 DATE 3-9-00

Michael B. Haughe residing at 219 N. Broad Street Griffith, IN 46319  
 DATE 3/9/2000

This Instrument Prepared By: Michael B. Haughe  
 MICHAEL B. HAUGHE  
 Attorney for PAULINE RITA CARGAL  
 219 North Broad Street  
 Griffith, IN 46319  
 (219) 924-0080

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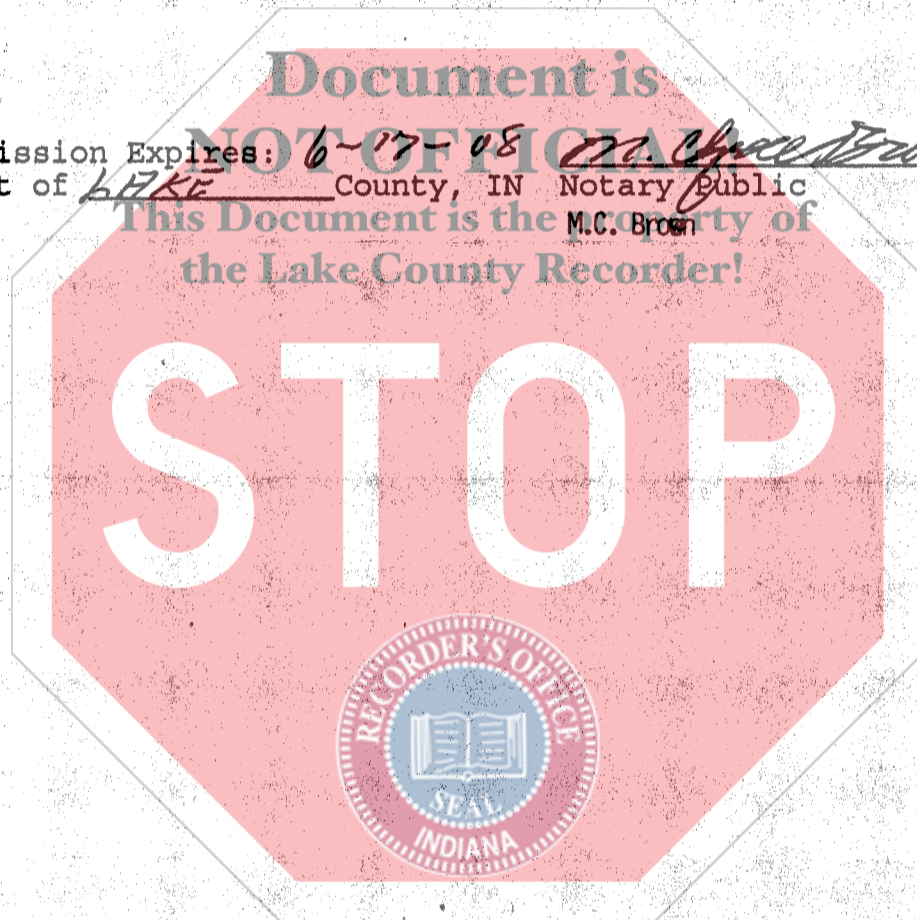
Pursuant to the penalties of perjury, I swear and affirm that the above and foregoing is true to the best of my knowledge, information and belief.

*Pauline Rita Cargal*  
PAULINE RITA CARGAL

SUBSCRIBED and SWORN to before me a Notary Public in Lake County, State of Indiana, this 9 day of March, 2000.

My Commission Expires: 6-17-08 *M.C. Brown*  
Resident of LAKE County, IN Notary Public

This Document is the property of  
M.C. Brown  
the Lake County Recorder!



March 9, 2000  
DATE

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