

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 099973

POWER OF ATTORNEY

MORRIS WEARTER
RECORDER
MARY MESTRICH
Principal

TO

CAROLE J. BACON

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, MARY MESTRICH, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. **POWERS** According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

- real property transactions; [IC 30-5-5-2]
- tangible personal property transactions [IC 30-5-5-3]
- bond, share and commodity transactions [IC 30-5-5-4]
- banking transactions; [IC 30-5-5-5]
- business operating transactions; [IC 30-5-5-6]
- insurance transactions; [IC 30-5-5-7]
- beneficiary transactions; [IC 30-5-5-8]
- gift transactions; [IC 30-5-5-9]
- fiduciary transactions; [IC 30-5-5-10]
- claims and litigation; [IC 30-5-5-11]
- family maintenance; [IC 30-5-5-12]
- benefits from military service; [IC 30-5-5-13]
- records, reports, and statements; [IC 30-5-5-14]
- estate transactions; [IC 30-5-5-15]
- all other matters. [IC 30-5-5-19]

The Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation ([IC 30-5-5-18], this Power of Attorney does include them.

Other Powers specifically designated:

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PETER BENJAMIN
LAKE COUNTY AUDITOR

att # 1205
18 AB

- a. Transfer of Interest in Real Estate - To sell, convey, lease, grant an option to purchase, or otherwise transfer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and any other document(s) in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in any and all real estate in which I now hold, or may hereafter acquire, an interest.
- b. Health Care - I grant to my attorney-in-fact full authority to make decisions for me regarding my health care. In exercising this authority, my attorney-in-fact shall follow my desires as stated in this document or otherwise known to my attorney-in-fact. In making any decision, my attorney-in-fact shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my attorney-in-fact cannot determine the choice I would want made, then my attorney-in-fact shall make a choice for me based upon what my attorney-in-fact believes to be in my best interests. My attorney-in-fact's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below.
1. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;
 2. To have access to medical records and information to the same extent that I am entitled to, including the right to disclose the contents to others;
 3. To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service;
 4. To contract on my behalf for any health care related service or facility on my behalf, without my attorney-in-fact incurring personal financial liability for such contracts;
 5. To hire and fire medical, social service, and other support personnel responsible for my care;
 6. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death;

7. To make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of my remains, to the extent permitted by law;
8. To take any other action necessary to do what I authorize her, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my attorney-in-fact, or to seek actual or punitive damages for the failure to comply.

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

B. RESERVATION OF POWER TO ACT AND TO REVOKE. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

C. CHAPTERS OF STATUTE ALSO APPLICABLE. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

| | |
|--------------------------------|--------------------------|
| Definitions [IC 30-5-2] | Reliance [IC 30-5-8] |
| General Provisions [IC 30-5-3] | Liabilities [IC 30-5-9] |
| Duties [IC 30-5-6] | Termination [IC 30-5-10] |

D. LIABILITY OF ATTORNEY IN FACT. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney-in-fact is liable only if my attorney-in-fact acts in bad faith.

E. RELIANCE ON POWER OF ATTORNEY. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

| HOLDING INSTITUTION | TYPE OF ACCOUNT | ACCT. NO. |
|---------------------|-----------------|-----------|
|---------------------|-----------------|-----------|

| | | |
|--------------------|--------------------|-------|
| <u>ANY AND ALL</u> | <u>ANY AND ALL</u> | _____ |
|--------------------|--------------------|-------|

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instrument, or caused it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

F. **SAFE DEPOSIT BOX.** I give my attorney-in-fact power to enter or have access to any safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

G. **DURATION OF POWER OF ATTORNEY.** SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies]:

- a. This Power of Attorney is not terminated by my incapacity.
- ~~b. This Power of Attorney terminates on _____ at _____
date _____ time _____.~~
- ~~c. This Power of Attorney terminates upon my incapacity or on _____
at _____, whichever first occurs.~~

H. **REVOCAION OF PRIOR POWERS.** I ~~DO~~ **DO** revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

I. **GUARDIANS** If protective proceedings for my person or for my estate, or for both, are commenced, I nominate **CAROLE J. BACON** as guardian of my person, and **CAROLE J. BACON** as guardian of my estate, to serve in each case without bond as may be permitted by law.

J. **SUCCESSOR ATTORNEY IN FACT.** As a successor to my attorney in fact I designate and name **KELLY ENGLAND**. Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.

By giving me written notice while I am not incapacitated, my attorney-in-fact may resign or decline to serve. During a period of my incapacity, my attorney-in-fact shall continue to serve until a successor attorney-in-fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. **BINDING EFFECT** Any act or thing performed by attorney-in-fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 5th day of May, 2000, in -1- counterparts, each of which shall be considered an original.

Counterpart No. -1-

Mary Mestrich
MARY MESTRICH
SSN: 316-24-5711
4723 Grasselli Avenue
East Chicago, Indiana 46312

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 5th day of May, 2000, personally appeared MARY MESTRICH, the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, 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.

Christina M. Grosu
NOTARY SIGNATURE
Christina M Grosu
NOTARY NAME, PRINTED OR TYPED

My Commission Expires: 4/7/08 Resident of Lake County.

This instrument prepared by BARBARA M. SHAVER, Goodman, Ball, Van Bokkelen, & Leonard, P.C.
9013 Indianapolis Boulevard, Highland, Indiana