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DURABLE GENERAL POWER OF ATTORNEY AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE

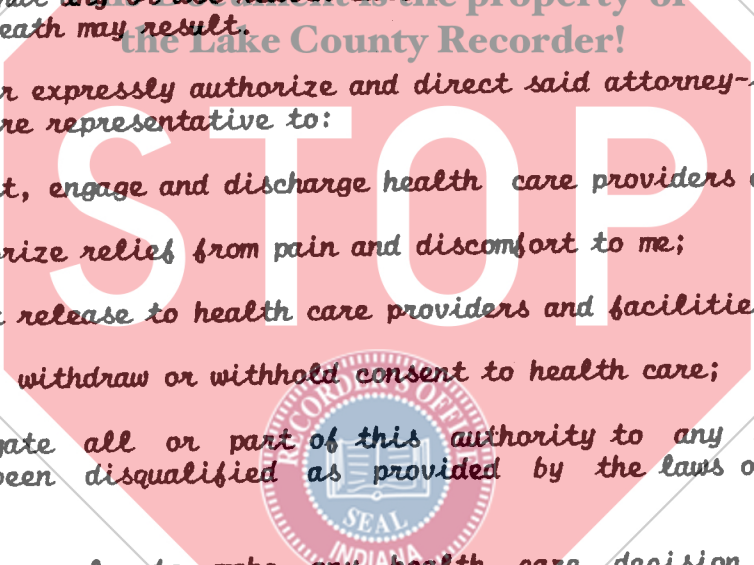
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I, GENEVIEVE BALDWIN, hereby appoint my grandson, JAMES RONALD PETERSON, as my attorney-in-fact and as my health care representative to do any lawful acts for me, in my name and in my behalf, and authorize and direct said attorney-in-fact and health care representative to serve in the event of my incapacity, incompetency, and/or illness of consenting as authorized by I.C. 16-8-12.

In the absence of my ability to give directions regarding the use of artificial life-prolonging procedures as a result of my terminal condition, as certified to in writing by my attending physician, and where my attending physician determines that my death is imminent, whether or not the artificial life-prolonging procedures are utilized, it is my intention that artificial life-prolonging procedures shall not be used when they would serve to only artificially prolong the dying process and I authorize and direct my attorney-in-fact and 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 diagnosis and prognosis, my attorney-in-fact 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or would be excessively burdensome, then my attorney-in-fact may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or so instituted, even if death may result.

I further expressly authorize and direct said attorney-in-fact and as health care representative to:

- a. Select, engage and discharge health care providers and facilities;
- b. Authorize relief from pain and discomfort to me;
- c. Grant release to health care providers and facilities;
- d. Give, withdraw or withhold consent to health care;
- e. Delegate all or part of this authority to any individual who has not been disqualified as provided by the laws of the State of Indiana;
- f. In general, to make any health care decision regarding any care, treatment, service, or procedure to maintain, diagnose, or treat my physical or mental condition;



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PETER BENJAMIN LAKE COUNTY AUDITOR

Handwritten signature and initials, possibly 'M-H' and 'H-E'.

g. Perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including selection of my abode, employment of companions or practical nurses, purchase or repair of my clothing, travel, recreation, entertainment, funeral and burial arrangements, and spiritual and religious needs, to carry out my personal responsibilities, whether legal or moral only;

h. I further authorize said attorney in fact and health care representative to substitute another person or persons in the place of said attorney-in-fact and health care representative, to remove, substitute and replace any delegation as authority and make further substitutions and other delegations. To engage, and dismiss agents, counsel or employees and appoint and remove any successor, substitute or agent and to financially compensate said person with and from any of my assets. To delegate one or more of any of the powers granted in this instrument to one or more other persons;

In the further event of my incompetency, incapacity or inability to consent, I further authorize said attorney-in-fact to:

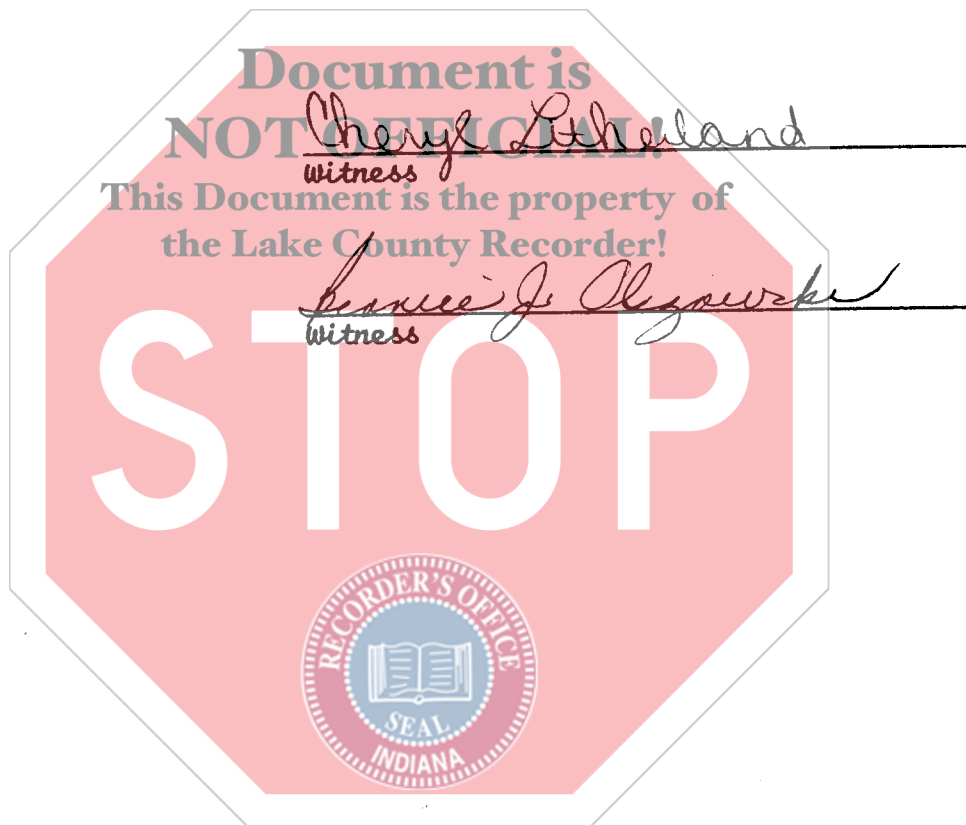
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- a. Receive all assets, tangible or intangible;
- b. Hold, possess, manage, sell, lease, improve my property; protect, preserve, insure, repair the same;
- c. To deposit all funds in a bank account or accounts; to write checks on said account or accounts;
- d. To pay debts, taxes of all kinds, obligations; to endorse all checks for deposit in said account or accounts; to enter safety deposit box or boxes and remove contents;
- e. This power of attorney shall not be affected by my subsequent disability or incapacity or by lapse of time. If proceedings are ever begun for the appointment of a guardian, conservator, or like representative for my person or estate, it is my preference that whoever may be serving as my attorney-in-fact under this power be appointed to that office.

This power of attorney is executed and delivered in Indiana in contemplation of Indiana law, and it shall be interpreted and governed in accordance with Indiana law;

IN WITNESS OF WHICH, I have signed this instrument this 16 day of June, 1998.

Genevieve Baldwin
Grantor, GENEVIEVE BALDWIN

Social Security # 304-12-7563



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a notary public in and for said county and state, personally appeared the grantor named above and acknowledged the execution of the foregoing Durable General Power of Attorney and Appointment of Health Care Representative.

I also certify that I am of legal age and that I witness the appointment by the grantor of the attorney-in-fact and the grantor's health care representative as authorized by I.C. 16-8-12.

WITNESS my hand and notarial seal this 16 day of June, 1998.

Janice J. Myszewski
Notary Public
Resident of Lake County, Indiana
My commission expires: August 27, 1998

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PAGE FOUR OF FOUR PAGES
the Lake County Recorder!

THIS INSTRUMENT PREPARED BY: CHARLES E. DAUGHERTY, ATTORNEY AT LAW,
Six East 67th Avenue, Merrillville, Indiana 46410.

STOP

