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DURABLE GENERAL POWER OF ATTORNEY AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE

BY

Key # 10-49-185

Angelo Giacomini
(GRANTOR)

I appoint Joann L. Giacomini, whose address is 3321 Windy Hill Road, Crown Point, Indiana 46307, my attorney-in-fact to do any lawful act for me in my name.

By way of illustration only, and not intending any limitation, I specifically grant to my attorney-in-fact the following powers, to-wit:

FINANCIAL, BUSINESS, AND PROPERTY POWERS

1. (A) To buy, receive, lease, accept, or otherwise acquire any property. (As used in this power, the word "property" shall include any custody, possession, interest, or right pertaining to property of any character.) (B) To sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise dispose of or encumber any property (C) To contract or agree for the acquisition, disposition, or encumbrance of any property.

2. (A) To take, hold, possess, invest, lease, let, or otherwise manage my property. (B) To eject, remove, or relieve tenants, holders, or others of possession of my property. (C) To maintain, protect, preserve, insure, remove, ship, store, transfer, repair, rebuild, modify, subdivide, or improve my property. (D) To enter safety deposit boxes and remove or deposit items.

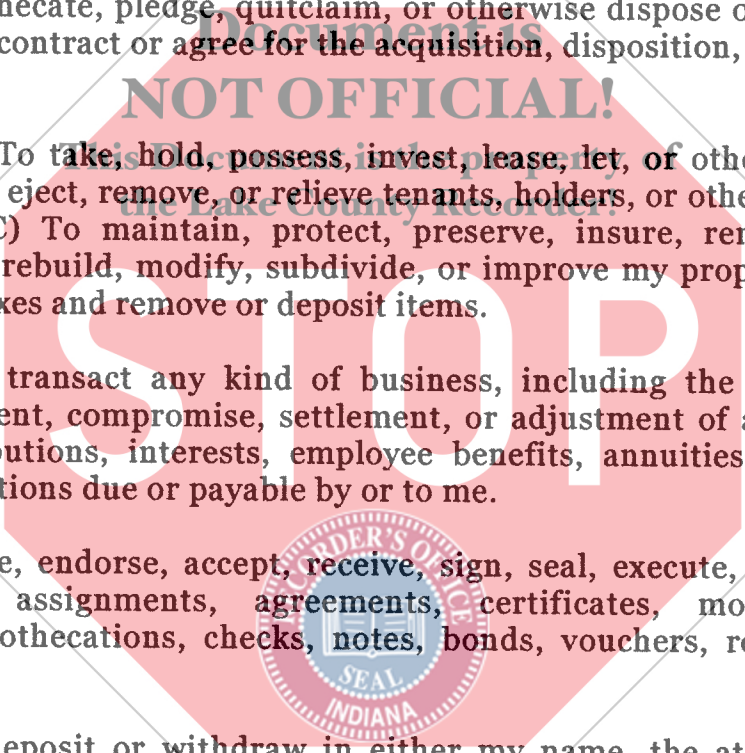
3. To transact any kind of business, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interests, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

4. Make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, mortgages, security agreements, hypothecations, checks, notes, bonds, vouchers, receipts, and other instruments.

5. To deposit or withdraw in either my name, the attorney's name, or jointly in both names funds, negotiable paper, credit, rights, or money that may come into the attorney's hands or that may be on deposit for me.

6. To institute, prosecute, litigate, defend, compromise, arbitrate, or dispose of legal, equitable, or administrative claims, defenses, hearings, actions,

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Joann Giacomini
3321 Windy Hill Rd
Crown Pt. IN 46307



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OCT 6 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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suits, attachments, arrests, distresses, or other proceedings.

7. To act as attorney or proxy with respect to any securities, shares, stocks, bonds, or other investments, rights, or interests.

8. To prepare, execute, and file income, gift, estate, or other tax returns and other governmental reports, applications, requests, and documents and to represent me in all tax proceedings.

9. To disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

10. To disclaim gifts, inheritances, or other transfers to me.

11. To purchase U.S. Bonds redeemable at par for the payment of U.S. estate taxes and borrow funds to make such purchases.

12. My attorney-in-fact shall not, however, have any authority to deal with any insurance that I may own upon the life of the attorney-in-fact.

13. To perform every act, deed, matter, and thing with respect to my estate, property, and affairs as fully and effectually as I might if personally present and acting.

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PERSONAL CARE POWERS

14. Also, to perform every act, deed, matter, and thing necessary to provide for my personal care and well being, including, *inter alia*, 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, and to carry out my personal responsibilities, whether legal or moral only, including appropriate provision for my dependents.

HEALTH CARE POWERS

15. Also, to serve as my health care representative in the event of my incapability of consenting, as authorized by Indiana Code 16-36-1, and, to this end, and acting in my best interests: (A) Select, engage, and discharge health care providers and facilities. (B) Authorize relief from pain. (C) Grant releases to health care providers and facilities. (D) Give, withdraw, or withhold consent to health care. Provision of nutritional support and hydration intravenously or by means of tubes I do not consider to be appropriate if its main effect is to postpone my dying, rather than to increase my comfort or my enjoyment of life, and I authorize my health care representative to direct that it be withheld or withdrawn. (E) Delegate

all or a part of this authority to any eligible individual who has not been disqualified as provided in Indiana Code 16-36-1 and/or in Indiana Code 30-5-5. My appointment of a health care representative is not to be considered a contradiction of a living will I may execute, whether simultaneously, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life-prolonging procedures shall be conclusive.

Consistent with Indiana Code §30-5-5-17, 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 upon 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.

SUBSTITUTION AND DELEGATION

16. Upon any terms or limitations specified: (A) Substitute another in her place as my attorney-in-fact under this instrument. (B) remove a substitute and revoke any delegation of authority and make further substitutions and other delegations. (C) Engage and dismiss agents, counsel, or employees, and appoint and remove any successor, substitute, or agent. (D) Delegate one or more of any of the powers granted in this instrument to one or more other persons.

DURABLE EFFECT

17. **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 attorney-in-fact under this power be appointed to that office.

TRUSTS

18. My attorney-in-fact is expressly authorized to create, revoke, or amend trusts in my name and to transfer any of my property to the trustee for administration and disposition in accordance with the provisions of such a trust or

the provisions of any trust that I may establish.

MINISTERIAL NATURE OF POWERS

19. It is not my intention to grant any beneficial interests in my estate by this instrument but to grant to my attorney-in-fact mere administrative powers of management, investment, and custody of my estate. The powers granted are to be exercised in a fiduciary capacity for my benefit and, except for the provision of reasonable compensation for services, not for the personal benefit of my attorney-in-fact.

ALTERNATE ATTORNEY-IN-FACT

20. In the event of the death, disappearance, disability, incapacity, or resignation of my attorney-in-fact, the appointment of the agents named below, in the order indicated, as my alternate attorneys-in-fact shall become absolute the same as if my attorney-in-fact had not been appointed. The disappearance of my attorney-in-fact or any alternate may be established by the affidavit of any agent named below. The disability or incapacity of my attorney-in-fact or any alternate may be established by the certificate of a qualified physician stating that the attorney-in-fact or alternate is unable to manage his own affairs. Any person dealing with any of my alternate attorneys-in-fact shall be fully protected and free from liability for any payment, application, or accumulation made or other action taken in reliance upon (a) such an affidavit of disappearance, (b) such a certificate of disability or incapacity, or (c) reasonable written evidence of death or resignation. The authority of my alternate attorneys-in-fact shall continue and be exclusive even if a prior named attorney-in-fact shall reappear after a disappearance or recover after a disability or incapacity. In the alternative, and upon any of the conditions expressed above, I appoint the following persons my alternate attorneys-in-fact, in the order in which named, to-wit:

- (a) Ray N. Giacomini, 1002 E. Greenwood Avenue, Crown Point, Indiana 46307
- (b) Anita L. Gladdis, 3271 Trailside Place, Crown Point, Indiana 46307

INCORPORATION OF STATUTORY POWERS

21. My attorney-in-fact is expressly authorized to exercise any and all powers set forth in Indiana Code 30-5-5, sections 2 through 19, inclusive, which powers are incorporated by reference herein as if the descriptive language in each such section was set forth herein with particularity.

APPLICABLE LAW

22. This power of attorney is executed and delivered in contemplation of

Indiana law, and it shall be interpreted and governed in accordance with Indiana law.

I REVOKE ALL PRIOR GRANTS OF POWER OF ATTORNEY AND ALL OTHER HEALTH CARE REPRESENTATIVE APPOINTMENTS HERETOFORE MADE BY ME.

IN WITNESS of which I have signed my name this 19 day of July, 2001.

SIGNATURE: Angelo Giacomini
Angelo Giacomini

Social Security Account Number: 303-32-0608

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, residing in Porter County, Indiana, personally appeared the grantor and acknowledged the execution of the foregoing power of attorney.

I also certify that I am of legal age and that I witnessed the appointment by the grantor, in paragraph 15, above, of the attorney-in-fact as the grantor's health care representative as authorized by Indiana Code 16-36-1.

WITNESS my hand and notarial seal this 19th day of July, 2001.

-- NOTARY SEAL -

Megani J. Epler
Megani J. Epler, Notary Public

My commission expires: 6-14-08
Resident of Porter County, Indiana.

This instrument prepared by Timothy R. Sendak, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307