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DURABLE GENERAL HEALTHCARE POWER OF ATTORNEY
OF
HELEN ANN KLAMM, HAMMOND, INDIANA
TO
CAROL MAY SCHMIDT, HIGHLAND, INDIANA

2004 033755

The undersigned does hereby nominate, constitute, and appoint
→ CAROL MAY SCHMIDT, whose address is 3414 - 41st Street, Highland, ←
Indiana, as my true and lawful attorney-in-fact to do and perform
for me and in my name the following:

1. **Banking and Financial Transactions:** (a) to open
accounts, in my name or on my behalf, in any bank or trust company,
savings and loan company, insurance company, credit union, or any
other banking or savings institution, and to deposit into such
accounts, or into accounts now existing or hereafter established in
my name, any money, checks, notes, drafts, acceptances or other
evidences of indebtedness payable or belonging to me, including,
but not being limited to, check or drafts issued by the Treasurer
of the United States or any other official, bureau, department or
agency of any state, municipality or other government body; and to
disburse, withdraw or receive from such accounts, all or any part
of the balance therein; (b) to make such endorsements and to sign
such documents as may be required in connection with disbursement
or withdrawal from or receipt of such accounts; and (c) to have
access to remove any or all of my property contained or held in any
safety deposit box.

The following named banks, savings and loan associations,
investment firms, and/or other persons, firms or corporations

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listed below may rely on this instrument being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and delivered it, to such person, firm or corporation:

**Calumet National Bank
Citizens Financial Services, FSB
Lake Federal Savings and Loan**

2. **Tax Matters:** (a) To prepare, execute and file on my behalf income and other tax returns and pay any amount determined due; (b) To prepare, execute and file and on my behalf documents pertaining to real estate and personal property taxes, assessments, and applications for exemptions; and (c) to act on my behalf in tax matters where it may be necessary to negotiate, compromise and settle tax disputes, including appealing determinations of value assessments and taxes due.

3. **Conduct of Business:** (a) To manage my property, real and personal, and to conduct my business and financial affairs; (b) to pay, discharge or compromise any of my debts or other obligations; (c) to purchase or otherwise acquire, to sell or otherwise dispose of, real and personal property; (d) to transfer and set over all or any of the assets which I own to any existing revocable trust in which I am the life beneficiary as to income and principal, if necessary.

4. **Securities Transactions:** (a) To purchase or otherwise acquire, to sell or otherwise dispose of, securities including, but not limited to stocks, bonds, notes, and other securities or evidences of indebtedness, all at such price and on such terms as my attorney-in-fact may determine; (b) to vote any such securities in my name, in person or by proxy; and (c) to receive dividends and other distributions on such securities.

5. **General Powers:** This instrument shall be construed and interpreted as a durable general power of attorney. I give my

attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient and necessary to effectuate the intent of this instrument as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

6. **Healthcare:**

a. To act as my representative in matters affecting my healthcare.

b. To serve from this day forward in that capacity without terms and conditions otherwise stated here.

c. To give consent in those situations not covered under a living will such as chronic vegetative state or those situations of temporary incapacity.

d. To give consent to the termination of nutrition or hydration I am receiving so that I may die naturally and with dignity.

e. To receive and disclose confidential healthcare information without an authorization constitution, a waiver of any evidentiary privilege or right of confidentiality I may have.

f. To determine such other persons which may consent to healthcare on my behalf.

The healthcare provision of this Power of Attorney is expressly limited to those situations where I am a patient and incapable of consenting and, secondly, where I knowingly express contrary instructions to the proposed healthcare plan.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and my heirs, assigns and legal representatives.

**THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT
DISABILITY OR INCAPACITY OR LAPSE OF TIME.**

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless they have actual notice of this revocation or they receive a statement from the attorney-in-fact herein that there has been revocation. If not revoked as aforesaid, the powers given my attorney-in-fact shall automatically terminate on my death, and this instrument shall then become null and void.

Signed this 25 day of July, 1995, before the person named below, as witness, who has duly witnessed my signing of this instrument.

**Document is
NOT OFFICIAL!**
Helen Ann Klamm
HELEN ANN KLAMM
This Document is the property of
the Lake County Recorder!
306-24-9820
Grantor's Social Security Number
7604 Van Buren
Hammond, IN 46324
Grantor's Address

Witnesses to Signature:

Mona Townsend
Paulette Bryant



