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DURABLE POWER OF ATTORNEY

I, JASON WISOTZKEY, of the City of Hammond, County of Lake, of the State of Indiana being at least 18 years of age and mentally competent, do hereby designate LINDA SOMMERS, of the City of Hammond, County of Lake, of the State of Indiana, as my true and lawful attorney-in-fact.

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I. REVOCATION OF PRIOR ISSUED POWERS OF ATTORNEY.

I, JASON WISOTZKEY, do hereby revoke any and all powers of attorney and declarations of health care representatives executed prior to the execution of this Power.

II. POWERS:

The above named attorney-in-fact shall have the all of the powers enumerated under Indiana Code § 30-5-5-1 *et seq.*, which includes, but is not limited to, the following powers:

- 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;
- To make and execute any and all contracts;
- To purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities, and exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;
- To sell, purchase, dispose of, assign and pledge any U.S. Savings Bonds and U.S. Treasury Securities in which I may have interest;
- 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 me and to compromise, settle or discharge the same;
- To have access to any and all safe deposit boxes in my name and to open, inspect, inventory, place items in or remove from, and close said safe deposit boxes;
- To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property of any kind or nature and to apply or make use of my property for my support and the support of those persons to whom I owe an obligation or support.
- To execute instruments to effect the transfer of title to any motor vehicle owned by me;
- To maintain, purchase, surrender, acquire, assign, pledge, make claims under, borrow against, partially or fully liquidate, change beneficiaries, designate insureds, and generally deal in all forms of insurance and claims thereon;
- To purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter (if this provision is applicable, this instrument must be recorded);
- To represent me in all matters relating to taxation, whether by the Federal government, the government of any State or local government unit and to prepare, sign and file any documents or forms that may be required in these matters; and
- General authority with respect to my health care matters, as defined by I.C. 30-5-5-16.
- Act as my Health Care Representative to act for me in matters of health care in accordance with I.C. 16-36-1-7 and I.C. 30-5-5-17. Specifically, 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 on 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

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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.

AND I HEREBY RATIFY AND CONFIRM ALL THAT MY ATTORNEY-IN-FACT SHALL DO BY VIRTUE HEREOF.

II. EFFECTIVE DATE:

This power of Attorney shall become effective on the date of execution, and shall not be affected by my subsequent disability or incompetence

III. TERMINATION:

I hereby reserve the right of revocation, however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of the County of my domicile a written revocation hereof.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12th June, 2004

STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

Jason Wisotzkey
JASON WISOTZKEY

Before me, a Notary Public in and for said County and State, personally appeared JASON WISOTZKEY, who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal, this 12th June, 2004

Jim F. Juone
Notary Public

Commission Expires: Jan. 10, 2007

Residing in Lake County, IN.

This instrument prepared by: Law Office of Garry A. Weiss, P.C. 6 West 73rd Avenue, Merrillville, Indiana 46410 (219) 736-5297, Attorney at Law.