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POWER OF ATTORNEY AND LIVING WILL DECLARATION

I. POWER OF ATTORNEY

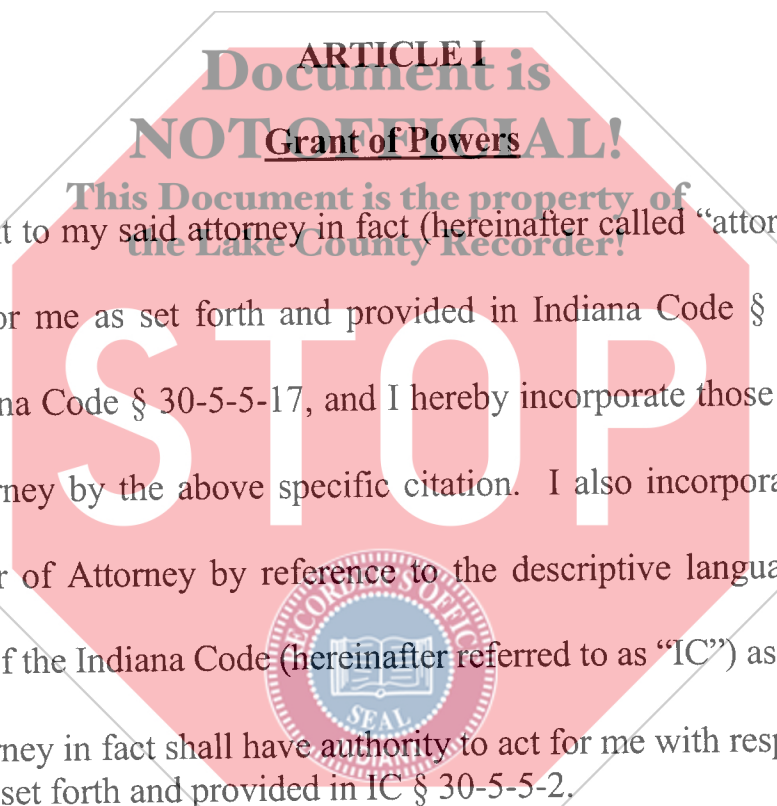
I, MARY GILBERT, of 4210 WEST 22ND PLACE, GARY, LAKE COUNTY, INDIANA 46404, hereby appoint DEVON IRENE GILBERT, whose address is 4211 WEST 22ND PLACE, GARY, LAKE COUNTY, INDIANA 46404, as my attorney in fact, to do and perform for me and in my name the acts and things more specifically described in Article I of this Power of Attorney (hereinafter referred to as "instrument" or "Power of Attorney"), all subject to the terms and conditions of Article II through and including Article V of this Power of Attorney.

ARTICLE I
Document is NOT OFFICIAL!
Grant of Powers

A. I grant to my said attorney in fact (hereinafter called "attorney in fact") the power to act for me as set forth and provided in Indiana Code § 30-5-5-2 to and including Indiana Code § 30-5-5-17, and I hereby incorporate those powers into this Power of Attorney by the above specific citation. I also incorporate those powers into this Power of Attorney by reference to the descriptive language of the above cited sections of the Indiana Code (hereinafter referred to as "IC") as follows:

1. My attorney in fact shall have authority to act for me with respect to real estate transactions as set forth and provided in IC § 30-5-5-2.
2. My attorney in fact shall have authority to act for me with respect to tangible personal property as set forth and provided in IC § 30-5-5-3.

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LAKE COUNTY
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3. My attorney in fact shall have authority to act for me with respect to bond, share and commodity transactions as set forth and provided in IC § 30-5-5-4.
4. My attorney in fact shall have authority to act for me with respect to banking transactions as set forth and provided in IC § 30-5-5-5.
5. My attorney in fact shall have authority to act for me with respect to business operating transactions as set forth and provided in IC § 30-5-5-6.
6. My attorney in fact shall have authority to act for me with respect to insurance transactions as set forth and provided in IC § 30-5-5-7.
7. My attorney in fact shall have authority to act for me with respect to beneficiary transactions as set forth and provided in IC § 30-5-5-8.
8. My attorney in fact shall have authority to act for me with respect to gift transactions as set forth and provided in IC § 30-5-5-9.
9. My attorney in fact shall have authority to act for me with respect to fiduciary transactions as set forth and provided in IC § 30-5-5-10.
10. My attorney in fact shall have authority to act for me with respect to claims and litigation as set forth and provided in IC § 30-5-5-11.
11. My attorney in fact shall have authority to act for me with respect to family maintenance as set forth and provided in IC § 30-5-5-12.
12. My attorney in fact shall have authority to act for me with respect to benefits, if any, from military service as set forth and provided in IC § 30-5-5-13.
13. My attorney in fact shall have authority to act for me with respect to records, reports and statements as set forth and provided in IC § 30-5-5-14.
14. My attorney in fact shall have authority to act for me with respect to estate transactions as set forth and provided in IC § 30-5-5-15.

B. Pursuant to Indiana Code § 16-36-1-7, I hereby appoint DEVON IRENE GILBERT as my representative to act for me in matters affecting my health care and to ensure adherence to my wishes, as reflected in my Living Will Declaration, which is attached to this document, the terms of which are also incorporated into this power of attorney.

C. It is not my intention to grant any beneficial interest in my property to my attorney in fact by this Power of Attorney. It is my intention to grant my attorney in fact administrative power and authority of management and investment of my

property, which are to be exercised in a fiduciary capacity for my benefit and not for the personal benefit of my attorney in fact.

D. My attorney in fact shall be entitled to reasonable compensation for the faithful performance of her duties under this instrument and shall be entitled to reimbursement for reasonable expenses incurred in the performance of said duties.

ARTICLE II

Effective Date

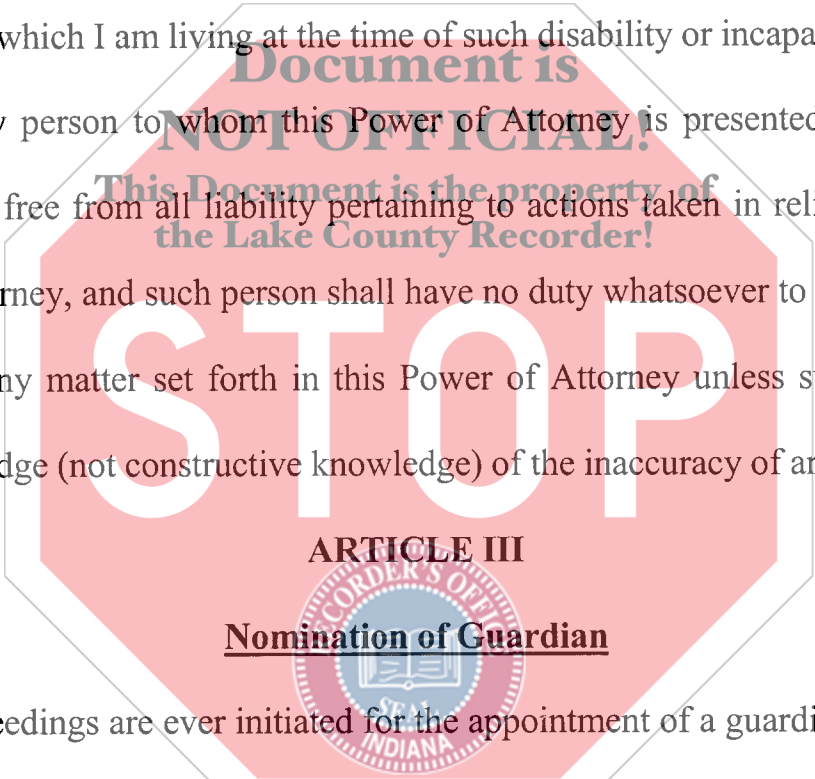
A. This Power of Attorney shall become effective upon execution, and shall not be affected by my subsequent disability or incapacity, except as provided by law of the state in which I am living at the time of such disability or incapacity.

B. Any person to whom this Power of Attorney is presented shall be fully protected and free from all liability pertaining to actions taken in reliance upon this Power of Attorney, and such person shall have no duty whatsoever to inquire into the accuracy of any matter set forth in this Power of Attorney unless such person has actual knowledge (not constructive knowledge) of the inaccuracy of any such matter.

ARTICLE III

Nomination of Guardian

If proceedings are ever initiated for the appointment of a guardian, conservator or similar representative for my person and/or my estate, I hereby nominate the



person then acting as my attorney in fact under this Power of Attorney to be appointed to that office.

ARTICLE IV

Successor Attorney in Fact

In the event DEVON IRENE GILBERT resigns, dies, declines to serve, ceases to serve or becomes incapable of serving as my attorney in fact, the power of attorney granted her by this document, then said power of attorney is rescinded. Regardless of the existence or non-existence of an attorney in fact for me, my living will declaration shall remain in effect.

ARTICLE V

Miscellaneous Provisions

- A. Any act or thing lawfully done hereunder by my attorney in fact shall be binding on me, and my heirs, legal and personal representatives, and assigns, whether the same shall have been done before or after my death.
- B. This Power of Attorney shall be interpreted and governed in accordance with Indiana law.
- C. I hereby revoke all prior grants of power of attorney.

IN WITNESS WHEREOF, I have signed this Power of Attorney this 28

day of May, 2004.

GRANTOR:

Mary Gilbert
MARY GILBERT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, this 10 day of June, 2004, personally appeared 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 written above.

[Signature], NOTARY PUBLIC

My commission expires: 6/8/08

Resident of LAKE County INDIANA

THIS INSTRUMENT PREPARED BY:

RICHARD T HENDERSON
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. JUNE 8, 2008



Lemuel Stigler
Attorney No. 2271-45
7895 Broadway
Chapel Plaza, Suite D
Merrillville, In 46410
Phone: (219) 736-0825
Fax: (219) 736-8525

**LIVING WILL DECLARATION OF MARY GILBERT
PURSUANT TO INDIANA CODE § 16-36-4-10**

I, MARY GILBERT, the declarant herein, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below in this document. I declare that if at any time my attending physician certifies in writing that:

- (1) I have an incurable injury, disease, or illness;
- (2) my death will occur within a short time; and
- (3) the use of life prolonging procedures would serve only to artificially prolong the dying process,

I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration.

_____ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

X _____ I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

_____ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under I.C. § 16-36-1-7 or my attorney in fact with health care powers under I.C. § 30-5-5.

In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full import of this declaration.

Dated: 5-28-04

Signed

Mary Gilbert

MARY GILBERT
GARY, LAKE COUNTY, INDIANA

The declarant, MARY GILBERT, has been personally known to me, and I believe and know her to be of sound mind. I did not sign MARY GILBERT's signature above for or at the direction of MARY GILBERT. I am not a parent, spouse, or child of MARY GILBERT. I am not entitled to any part of MARY GILBERT's estate or directly financially responsible for the MARY GILBERT's medical care. I am competent and at least eighteen (18) years of age.

Dated: 5-28-04

Signed

Sita Powell
Mary Gilbert

WITNESS

Dated: 5-28-04

Signed

Conna M. Thompson

WITNESS

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MARY GILBERT POWER OF ATTORNEY AND LIVING WILL DECLARATION

MARY GILBERT INITIALS M. G.