

STATE OF INDIANA
LAKE COUNTY
GENERAL POWER OF ATTORNEY WITH RESPECT TO HEALTH CARE
FILED FOR RECORD

3 2005 046166

LIVING WILL DECLARATION
2005 JUN -6 AM 10:55

KNOW ALL MEN BY THESE PRESENTS, that I, LUCILLE KERTIS of Whiting, Lake County, Indiana, do hereby make, constitute, and appoint my daughter, JUDITH L. COMPANIK of St. John, Lake County, Indiana, my true and lawful Attorney-In-Fact for me and in my name, with full power of and authority to do any and all of the following acts and perform all things necessary to accomplish them as fully and effectually, in all respects, as I could do if personally present. Pursuant to the provisions of I.C. 1971, 30-5-5-1, each and all of the following matters and things are incorporated by reference as if fully set out herein, to-wit:

SECTION

- 30-5-5-1 Incorporation of powers.
- 30-5-5-2 Real property transactions.
- 30-5-5-3 Tangible personal property transactions.
- 30-5-5-4 Bond, share, and commodity transactions.
- 30-5-5-5 Banking transactions.
- 30-5-5-6 Business operating transactions.
- 30-5-5-7 Insurance transactions.
- 30-5-5-8 Beneficiary transactions.
- 30-5-5-9 Gift transactions.
- 30-5-5-10 Fiduciary transactions.
- 30-5-5-11 Claims and litigation.
- 30-5-5-12 Family maintenance.
- 30-5-5-13 Benefits from military service.
- 30-5-5-14 Records, reports, and statements.
- 30-5-5-15 Estate transactions.
- 30-5-5-16 General authority with respect to health care.
- 30-5-5-17 Power to withdraw or withhold health care.

L.K.
LK

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LP
CS

30-5-5-18 Delegation of authority.

30-5-5-19 All other matters.

Declaration made this 24 day of October, 2001, I LUCILLE KERTIS, being at least eighteen (18) years old 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, and I declare, pursuant to the provisions of I.C. 1971, 16-36-1-1 et. seq.:

If at any time I have an incurable injury, disease, or illness certified in writing to be a terminal condition by my attending physician, and my attending physician has determined that my death will occur within a short period of time, and 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procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the provision of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain.

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.

L. E. K.
(LK)

I understand the full import of this declaration.

Signed: Lucille E. Kertis
LUCILLE KERTIS

TOWN: CITY OF WHITING
COUNTY: COUNTY OF LAKE
STATE OF RESIDENCE: INDIANA

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

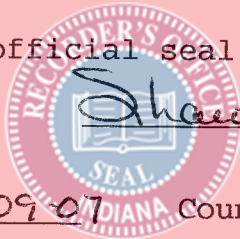
WITNESS: Theresa Jurch DATE: October 24, 2001

WITNESS: B. Kim Burns DATE: October 24, 2001

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public, in aforesaid county and state, on this ___ day of October, 2001 personally appeared the within named LUCILLE KERTIS and acknowledged the execution of the foregoing Living Will Declaration.

Witness my hand and official seal.



Sharon A. Stutler
Notary Public

My Commission Expires: 12-09-07 County of Residence: Lake

This Instrument Prepared By: Michael L. Muenich
Attorney at Law
3235 - 45th Street, Suite 304
Highland, Indiana 46322
219/922-4141

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