

**DURABLE GENERAL POWER OF ATTORNEY AND
APPOINTMENT OF HEALTH CARE REPRESENTATIVE**

BY

**ARTHUR E. HUEY
(GRANTOR)**

2006 0195

I appoint HEATHER A. HUEY, whose address is 199 High Street, Apt 3, Belfast, Maine, 04915, social security number [REDACTED], as 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.

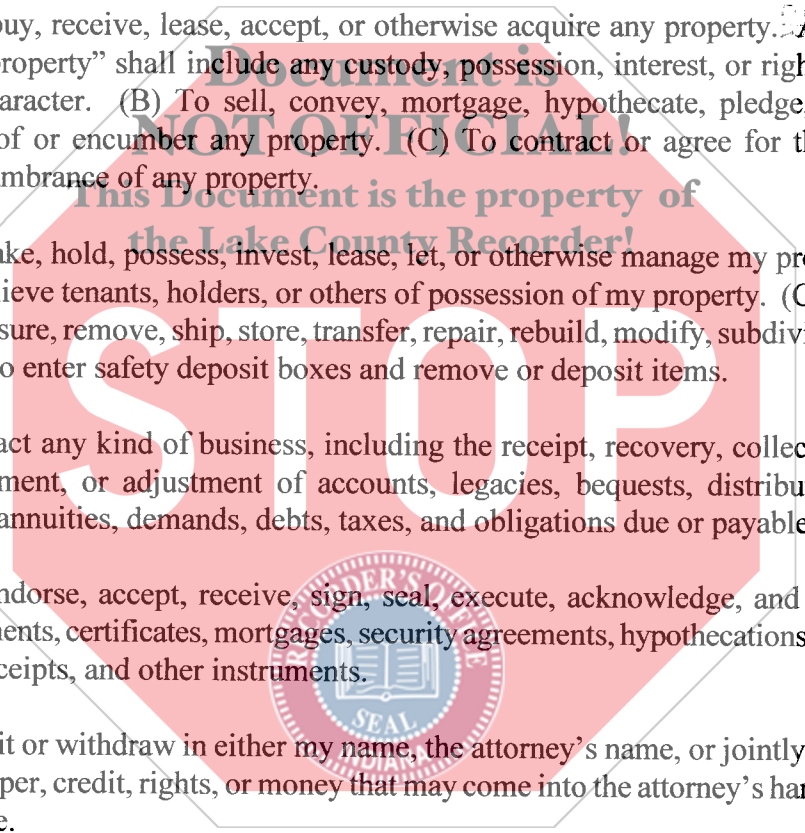
3. To transact any kind of business, including the receipt, recovery, collection, payment, compromise, settlement, or adjustment of accounts, legacies, bequests, distributions, interest, employee benefits, annuities, demands, debts, taxes, and obligations due or payable by or to me.

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, suits, attachments, arrests, distresses,

TICOR TITLE INSURANCE
Crown Point, Indiana



1800
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"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Hazel Gardin

(1)

Ticor Title recorded this document as an accommodation. Ticor did not examine the document or the title of the real estate affected.

Return: Heather Huey

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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.

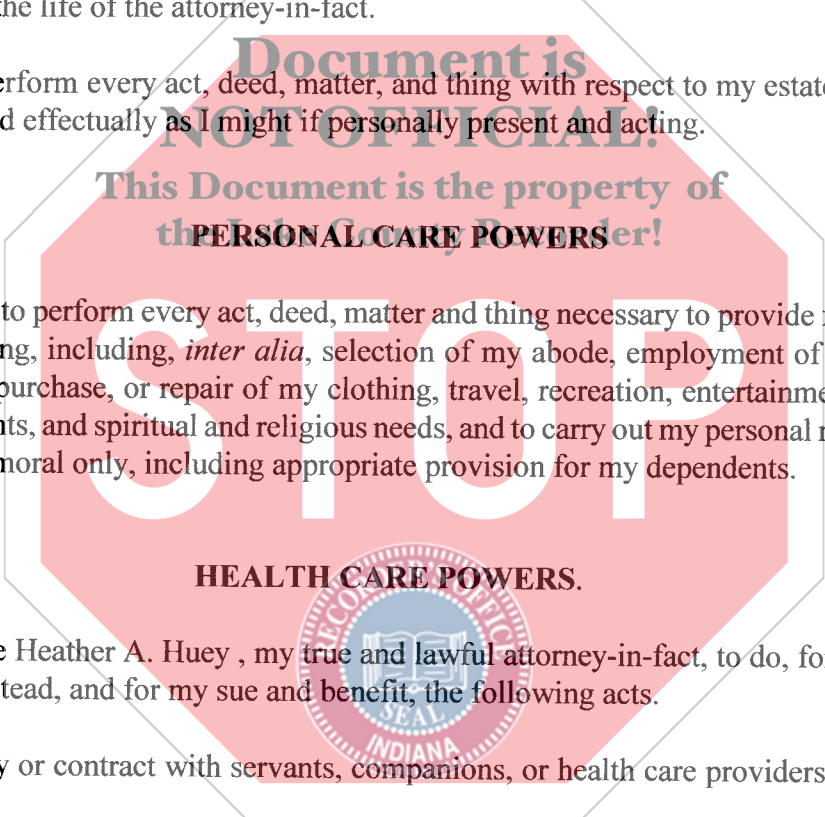
9. To disclaim any power or discretion (whether granted by this instrument, by statute, or otherwise) that is considered burdensome, unnecessary, or unwise.

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.



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.

I authorize Heather A. Huey , my true and lawful attorney-in-fact, to do, for me and in my name, place and stead, and for my sue and benefit, the following acts.

- A. Employ or contract with servants, companions, or health care providers to care for the principal.
- B. Admit or release the principal from a hospital or health care facility.
- C. Have access to records, including medical records, concerning the principal's condition.
- D. Make anatomical gifts on the principal's behalf.
- E. Make plans for the disposition of the principal's body.

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Consistent with Indiana Code section 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. Nothing in this section may be construed to authorize euthanasia.

DELEGATION

16. Upon any terms or limitations specified engage and dismiss agents, counsel, or employees, and appoint and remove any successor, substitute, or agent.

DURABLE EFFECT
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

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.

STOP
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 interest 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.

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INCORPORATION OF STATUTORY POWERS

20. 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 hereby incorporated by reference as if the descriptive language in each such section was set forth herein with particularity.

APPLICABLE LAW

21. 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

IN WITNESS of which I have signed my name this 6 day of June, 2007.

SIGNATURE: Arthur E. Huey
ARTHUR E. HUEY

Social Security Number [REDACTED]

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, residing in Lake 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, of the attorney-in-fact as the grantor's health care representative as authorized by Indiana Code 16-8-12.

WITNESS my hand and notarial seal this 6 day of June, 2007.

My commission expires: 3-4-08
Resident of Lake County, Indiana

Cheryl L. Piper
Notary Public
Cheryl L. Piper

This instrument prepared by Timothy E. Bianco, Attorney at Law
9219 Broadway, Merrillville, IN 46410