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Power of Attorney for Health Care

COPY

I, ETHEL SEXTON (name) of
517 KENNEDY AVE SCHERERVILLE INDIANA (address) being of sound mind, willfully and voluntarily appoint hereby appoint
DEBORAH SEXTON (name of attorney-in-fact)
→ 517 KENNEDY AVE SCHERERVILLE INDIANA (address)
219-322-4511 (home telephone number) 219-322-8550 (work telephone number) as my attorney-in-fact to make health care decisions on my behalf whenever I am incapable of making my own health care decisions.

I grant my attorney-in-fact the following powers in matters affecting my health care:

(1) to employ or contract with servants, companions, or health care providers to care for me;
(2) to admit or release me from a hospital or health care facility;
(3) to have access to my records, including medical records, concerning my condition;
(4) to make anatomical gifts on my behalf;
(5) to request an autopsy; and
(6) to make plans for the disposition of my body

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In the event the person I appoint above is unable, unwilling or unavailable to act as my attorney-in-fact, I hereby appoint: LINDA AUSTGEN (name of successor attorney-in-fact) of 1834 ASPEN CT CROWN POINT INDIANA (address) 219-226-1826 (home telephone number) 219-322-8885 (work telephone number)

2008 SEP 10 AM 10:41
MICHAEL A. BROWN
RECORDER
LAKE COUNTY
FILED FOR RECORD
STATE OF INDIANA

Appointment of my Attorney-in-Fact as my Health Care Representative

In addition to the powers granted above, 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 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be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.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.

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I understand health care to include any medical care, treatment, service, or procedure to maintain, diagnose, treat, or provide for my physical or mental well-being, and also includes the providing of nutrition and hydration through intravenous, gastrostomy or nasogastric tubes..

I, ETHEL SEXTON, the principal, sign my name to this instrument this 6TH day of JANUARY 2006, and do hereby declare to the undersigned witness that I sign it willingly, and I execute it as my free and voluntary act for the purposes herein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Ethel Sexton
(Principal)

Subscribed and acknowledged before me by ETHEL SEXTON, the principal, this 6th day of Jan, 2006.

Richard J Dewalt
(Notary Public)

RICHARD J. DEWALT
Lake County
My Commission Expires
November 4, 2009

My Commission expires Nov 4 2009

"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."

PREPARED BY: