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**GENERAL DURABLE POWER OF ATTORNEY AND
HEALTH CARE REPRESENTATIVE DESIGNATION
OF
ANNA GREGORCZYK**

2009 0604 91

ARTICLE I
DESIGNATION OF AGENT

I, **ANNA GREGORCZYK**, of Lake County, State of Indiana, being an adult and mentally competent do hereby designate and appoint **ROSE HOLLINGSWORTH**, of Jasper County, State of Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, and personal decisions for me in my name, place, and stead as authorized in this document.

If my Attorney-in-Fact as hereinabove designated and appointed should die, become mentally or physically incapacitated, resign, refuse to act, or become unavailable. I then and do hereby designate and appoint **ROBERT B. HOLLINGSWORTH, JR.**, as my successor Attorney-in-Fact.

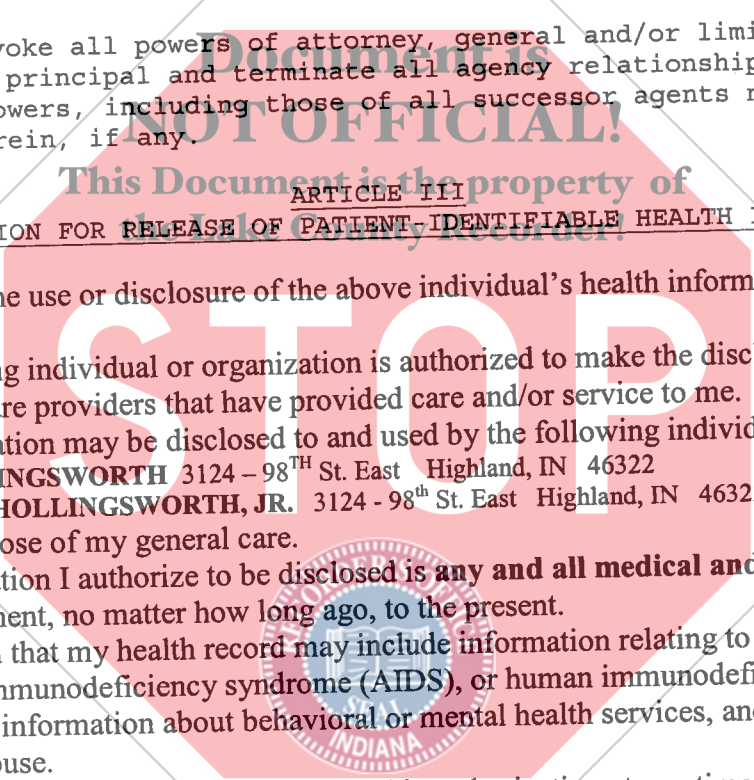
ARTICLE II
REVOCAION OF PRIOR POWERS

I hereby revoke all powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

ARTICLE III
AUTHORIZATION FOR RELEASE OF PATIENT-IDENTIFIABLE HEALTH INFORMATION

- I authorize the use or disclosure of the above individual's health information as described below.
- The following individual or organization is authorized to make the disclosure:
All health care providers that have provided care and/or service to me.
This information may be disclosed to and used by the following individuals:
ROSE HOLLINGSWORTH 3124 - 98TH St. East Highland, IN 46322
ROBERT B. HOLLINGSWORTH, JR. 3124 - 98th St. East Highland, IN 46322
For the purpose of my general care.
- The information I authorize to be disclosed is **any and all medical and billing records** from my first treatment, no matter how long ago, to the present.
- I understand that my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand that I have a right to revoke this authorization at any time and that I must do so in writing to the Medical Record Services Department. I understand that the revocation will not apply to information already released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the **revocation of this power of attorney or my death.**
- I understand that authorizing the disclosure of this health information is voluntary. I understand that I may inspect or copy the information before I refuse to sign this authorization.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL A. BROWN
RECORDER
2009 SEP - 2 AM 9:11



FILED
SEP 01 2009
PEGGY HOLINGA-KATONA
LAKE COUNTY CLERK

Handwritten initials and marks.

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is disclosed. I understand that information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by federal privacy regulations. If I have questions about disclosure of my health information, I can contact the Director of Medical Record Services.

7. I understand that there may be a fee for copying these records.

8. I authorize **ROSE HOLLINGSWORTH** and/or **ROBERT B. HOLLINGSWORTH, JR.** to receive the requested copies of my records.

ARTICLE IV
GENERAL ASSET AND FINANCIAL POWERS

My Attorney-in-Fact is authorized, in his/her sole and absolute discretion from time to time and at any time, with respect to any and all of my property and interests in property, real, personal, and mixed and matters affecting my financial interests by way of illustration and not intending any limitation, to do or perform the following:

1. Purchase, sell, mortgage, grant easements, convey, and lease any interest in real estate, wherever located, of which I may be the owner or have an ownership interest, now or hereafter; and perform all activities granted under I.C. 30-5-5-2.

2. Bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with my personal property for my support and the support of those persons to whom I owe an obligation of support; and perform all activities granted under I.C. 30-5-5-3.

3. Purchase, sell, dispose of, assign, and pledge notes, stocks, bonds, and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds, and securities may entitle me, either in person or by proxy; and perform all activities granted under I.C. 30-5-5-4.

4. Make, draw, and endorse promissory notes, checks, bills of exchange or other negotiable instruments to which I may be entitled under the Uniform Commercial Code and to exercise any right with regard to the same including the right to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments as well as the right to make deposits to and withdrawals from and to invest, reinvest, or renew any of my deposited checking, savings, certificate of deposits, or other accounts of whatever nature or wherever retained or deposited, to establish new or close out existing accounts of any nature pertaining to my funds and money; to utilize and expend any of my money from any such accounts, or if necessary to utilize my assets in the event my liquid funds are depleted or not readily available, for the payment of my just and lawful debts and bills, including the right to utilize my credit cards and charge accounts, in a manner that will best serve my financial interests according to the sole and absolute discretion of my said Attorney-in-Fact; and perform all activities granted under I.C. 30-5-5-5.

5. Discharge and perform any duty or liability, right, power, or privilege that the principal has under a partnership agreement; or take any action with regard to a sole proprietorship owned by the principal; and perform all actions granted under I.C. 30-5-5-6.

6. Purchase, maintain, surrender, collect, or cancel: (a) life insurance or annuities of any kind on my life or the life any one in whom I have an insurable interest; (b) liability insurance protecting me and my estate against third party claims; (c) hospital insurance, medical insurance, Medicare supplement insurance, custodial care insurance, and disability income insurance

for me or any of my dependents; and (d) casualty insurance insuring assets of mine against loss or damage due to fire, theft, or other commonly insured risk; to pay all insurance premiums, to select any options under such policies, to increase coverage under any such policy, to borrow against any such policy, to pursue all insurance claims on my behalf, to adjust insurance losses, and the foregoing powers shall apply to private and public plans, including but not limited to Medicare, Medicaid, SSI, and Worker's Compensation; and perform all activities granted under I.C. 30-5-5-7.

7. Represent and act for the principal in all matters affecting a trust, a probate, an estate, a guardianship, a custodianship, an escrow, or other fund out of which the principal is entitled or claims to be entitled as a beneficiary, and perform all activities granted under I.C. 30-5-5-8.

8. Make gifts to organizations and individuals on behalf of the principal and perform any other activities in accord with the provisions of I.C. 30-5-5-9.

9. Represent and act for the principal in all ways and in all matters affecting a fund in which the principal is a fiduciary and apply for and procure in the name of the principal letters of administration, letters testamentary, letters of guardianship, or any other type of judicial or administrative authority to act as a fiduciary; and perform all activities granted under I.C. 30-5-5-10.

10. Institute, supervise, prosecute, defend, represent me in, intervene in, abandon, compromise, arbitrate, settle, dismiss, and appeal from any and all legal, equitable, judicial, or administrative hearings, actions, suits, proceedings, attachments, arrests, decedent, or guardianship estate matters, for the protection of my personal or financial interests involving me in any way, including, but not limited to, matters or proceedings with respect to claims by or against me arising out of property damages or personal injuries suffered or caused by me or under such circumstances that the loss resulting there from will or may be imposed on me and otherwise engage in litigation involving me, my property, or any interests of mine, including any property or interest or person for which or whom I have or may have any responsibility; and perform all activities granted under I.C. 30-5-5-11.

11. Perform acts necessary for maintaining the customary standard of living of the principal's spouse, children, and other persons customarily supported by the principal; and perform all activities granted under I.C. 30-5-5-12.

12. Execute vouchers in the name of the principal for allowances and reimbursements payable by the United States, a state, or a subdivision of a state to the principal; and perform all actions granted under I.C. 30-5-5-13.

13. Keep records, hire and discharge accountants and attorneys, represent the principal in all matters of taxation involving the Federal government, the government of any State or any local governmental unit, and to prepare, sign and file any documents or forms that may be required in any such tax matters; including my State and Federal Income Tax Returns, and to receive and respond to any correspondence from these taxing agencies; and perform all actions granted under I.C. 30-5-5-14.

14. Accept, renounce, or claim a legacy, bequest, devise, gift, or other property on behalf of the principal; and perform all actions granted under I.C. 30-5-5-15.

15. Employ or contract with all types of health care providers on the principal's behalf; and consent to or refuse health care for the principal in accordance with I.C. 16-36-1 and I.C. 16-36-4; and perform all actions granted under I.C. 30-5-5-16 and I.C. 30-5-5-17.

16. To delegate authority to one (1) or more persons of any or all powers given my Attorney-in-Fact in accord with the provisions of I.C. 30-5-5-18.

17. To act as an alter ego of the principal with respect to all possible matters and affairs affecting the property owned by the principal that the principal can perform through an Attorney-in-Fact in accord with the provisions of I.C. 30-5-5-19.

All the powers granted an Attorney-in-Fact under Indiana Code Sections I.C. 30-5-5-2 through I.C. 30-5-5-19 are granted to, **ROSE HOLLINGSWORTH**, my Attorney-in-Fact, or his/her successor under this document.

ARTICLE V
PERSONAL CARE POWERS

With respect to the control and management of my person, my Attorney-in-Fact, in his or her sole and absolute discretion from time to time at any time, is authorized to:

1. Do all acts necessary for maintaining my customary standard of living; to provide living quarters by purchase, lease, or other arrangement, or by payment of the operating costs of my existing living quarters, including interest, amortization payments, repairs, and taxes; to provide normal domestic help for the operation of my household; to provide clothing, transportation, medicine, food, and incidentals; and, if necessary, to make all necessary arrangements, contractual or otherwise, for me at any hospital, hospice, nursing home, convalescent home, or similar establishment, or in my own residence should I desire it and to assure that all of my essential needs are provided for at such a facility or in my own residence, as the case may be; and if in the judgment of my Attorney-in-Fact I will never be able to return to my living quarters from a hospital, hospice, nursing home, convalescent home, or similar establishment, to lease, sublease, or assign my interests as lessee in any lease or protect or sell or otherwise dispose of my living quarters (investing the proceeds of any such sale as my Attorney-in-Fact deems appropriate) for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate; and to store and safeguard or sell for such price and upon such terms, conditions, and security, if any, as my Attorney-in-Fact shall deem appropriate, or otherwise dispose of any items of tangible personal property remaining in my living quarters which my Attorney-in-Fact believes I will never need again (and pay all costs thereof); and as an alternative to such storage and safeguarding, to transfer custody and possession (but not title) for such storage and safekeeping of any such tangible personal property of mine to the person, if any, named in my will as the recipient of such property;

2. Provide opportunities for me to engage in recreational and sports activities, including travel, as my health permits;

3. Provide for the presence and involvement of religious clergy or spiritual leaders in my care, provide them access to me at all times, maintain my memberships in religious or spiritual organizations or arrange for membership in such groups, and enhance my opportunities to derive comfort and spiritual satisfaction from such activities, including religious books, tapes, and other materials; all in the same or similar manner to which I have been accustomed or as determined by my Attorney-in-Fact to be appropriate;

4. Provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself; and,

5. Make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Attorney-in-Fact shall deem appropriate, including the right to establish a prepaid irrevocable funeral trust that will qualify as an "exempt resource" for Medicaid purposes if I have not previously done so or made advance funeral arrangements myself.

I wish to live and enjoy life as long as possible. However, I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my Health Care Representative believes the burdens of the treatment outweigh the benefits. I want my Health Care Representative to consider the relief of suffering, the expense involved, and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment. This notwithstanding I especially do not want my life to be prolonged, and I do not want life-sustaining or artificial life support treatment if:

i) I ever have a condition that is incurable or irreversible and, without the administration of life sustaining treatment, is expected to result in death within a relative short period of time; or

ii) I am ever in a coma or persistent vegetative state which is reasonably concluded to be irreversible.

With respect to nutrition and hydration provided by means of nasogastric tube or tube into the stomach, intestines, or veins, I wish to make it clear that I intend to include these procedures among the life-sustaining procedures that may be withheld or withdrawn under the above conditions.

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 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.

IT IS UNDERSTOOD THAT AS LONG AS I REMAIN CAPABLE OF CONSENTING TO MY OWN HEALTH CARE, I MAY AT ANY ITEM (I) REVOKE THE APPOINTMENT OF MY HEALTH CARE REPRESENTATIVE BY NOTIFYING MY SAID HEALTH CARE REPRESENTATIVE ORALLY OR IN WRITING, OR (II) REVOKE THE AUTHORITY GRANTED UNDER THIS DOCUMENT TO MY HEALTH CARE REPRESENTATIVE BY NOTIFYING THE HEALTH CARE PROVIDER ORALLY OR IN WRITING. PROVIDED I DO NOT MAKE ANY SUCH REVOCATION AT ANY TIME, THE APPOINTMENT OF MY HEALTH CARE REPRESENTATIVE OR THE AUTHORITY GRANTED TO MY HEALTH CARE REPRESENTATIVE HEREUNDER SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCOMPETENCE, OR LAPSE OF TIME.

THIS APPOINTMENT OF A HEALTH CARE REPRESENTATIVE IS NOT TO BE CONSIDERED A CONTRADICTION OF ANY LIVING WILL I MAY EXECUTE, WHETHER SIMULTANEOUSLY HEREWITH, PREVIOUSLY, OR HEREAFTER. MY LIVING WILL SHALL BE CONSIDERED AS EXPRESSING MY INTENTION, AND SHALL TAKE PRECEDENCE OVER MY HEALTH CARE REPRESENTATIVE'S ACTION IN CONSENTING OR WITHHOLDING OR WITHDRAWING CONSENT TO LIFE SUSTAINING OR PROLONGING PROCEDURES. MY LIVING WILL DECLARATION SHALL TAKE PRECEDENCE AND PRIORITY OVER THE DECISIONS OF MY DESIGNATED HEALTH CARE REPRESENTATIVE.

ARTICLE VI
PROVISION APPLICABLE TO ARTICLE III

With respect to Article III (general asset and financial powers), it is to be understood that the authority I have conferred to my Attorney-in-Fact in no way is intended to limit or restrict my own authority or decision making capabilities covering such powers and authority as long as I remain mentally competent.

FURTHERMORE, THIS POWER OF ATTORNEY AND THE AUTHORITY I HAVE CONFERRED AND SPECIFIED UNDER ARTICLE III ABOVE SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS I MAY HERINAFTER REVOKE THE SAME IN WRITING, PROVIDED FURTHER THAT THE SAME SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCOMPETENCE, OR LAPSE OF TIME.

ARTICLE VII
THIRD PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

ARTICLE VIII
NOMINATION OF GUARDIAN

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate my Attorney-in-Fact, **ROSE HOLLINGSWORTH**, hereinabove designated and appointed, to be my guardian.

ARTICLE IX
MISCELLANEOUS PROVISIONS

1. This durable power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.
2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.
3. My Attorney-in-Fact, including his/her heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, is hereby released and forever discharged from any and all liability (including civil, criminal, administrative, or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatee, successors, assigns, personal representatives, or estate arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

