

5

**FIRST AMENDMENT TO THE  
DURABLE POWER OF ATTORNEY OF  
MANETTA L. MANHART  
EXECUTED JULY 17, 2007**

I, MANETTA L. MANHART, of Lake County, State of Indiana, having executed a Durable Power of Attorney on July 17, 2007, appointing Herman Barber, of 10200 Broadway, Crown Point, Indiana as my attorney-in-fact and granting to him the authority to act in my stead as stated therein, do hereby amend said durable power of attorney and do hereby in addition to the powers contained in the original power of attorney executed on July 17, 2007, give to Herman Barber, as my attorney-in-fact, the following specific powers:

(A.) I do hereby amend Section D. Banking Transactions, to read as follows:

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

“Section D. Banking Transactions: 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 nonpayment 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 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 use 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; to enter any lock box or safe deposit box in my name, and perform all banking activities granted under I.C. § 30-5-5-5.

(B.) Health Care. I appoint my attorney in fact as my health care representative with authority to act for me in all matters of health care in accordance with I. C. 16-36-1 as shown by the appointment under I. C. 16-36-1-7 which is attached to this power and I. C. 16-36-4-10 which is

TICOR CP 920096868

2009 072507

2009 OCT 29 AM 9:06

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

to  
20.00  
CP

attached to this power of attorney pursuant to I. C. 30-5-5-16 (b) (2) and I. C. 30-5-5-17 including the powers stated in this section and as follows:

1. I authorize my health care representative to do the following:
  - a. Employ or contract with servants, companions, or health care providers for my care.
  - b. Admit or release me from hospital or health care facilities.
  - c. Have access to records, including medical records, concerning my condition, and in the exercise of this power, my attorney-in-fact is specifically authorized on my behalf to execute any all types of authorizations for release of information from my health care providers concerning my medical and mental conditions in compliance with the Health Insurance Portability and Accountability Act. My health care providers are authorized to comply with said request for my health care representative appointed herein.
  - d. Make anatomical gifts on my behalf.
  - e. Request an autopsy
  - f. Make plans for the disposition of my body.

2. I authorize my health care representative to make decisions in my best interests 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 the 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.

This appointment is to be exercised in good faith and in my best interests subject to the following terms and conditions:

1. If I am diagnosed by my attending physician to be in a terminal condition from which, to a reasonable degree of medical certainty, I will not recover and death will occur from the terminal condition, I authorize my health care representative to consent to the withdrawal of and to refuse life prolonging procedures which prolong the dying process, except to be provided only with the provisions 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.

2. If I am diagnosed by my attending physician to be comatose or in a persistent vegetative state from which to a reasonable degree of medical certainty, I will not recover and death will occur without me regaining consciousness, I authorize my health care representative to consent to the withdrawal of and to refuse life prolonging procedures which would prolong the dying process, including artificially supplied nutrition and hydration as life-prolonging procedures which I consider inappropriate if I am diagnosed as being in a persistent vegetative state or comatose.

3. This appointment is effective and remains effective if I am incapable of consenting to my health care. I do authorize a health care representative hereby appointed to delegate decision making power to another.

**This Document is the property of  
the Lake County Recorder!**

All terms and provisions of the original Durable Power of Attorney executed by me on July 17, 2007 are hereby ratified and affirmed as of the date of the execution of this first amendment with the same effect as if such Durable Power of Attorney had been executed on this date.

**IN WITNESS WHEREOF**, I have executed this durable power of attorney this 28th day of February, 2008.



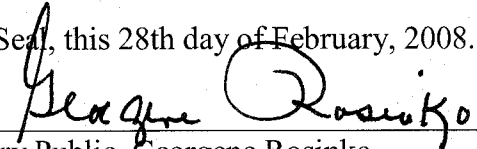
MANETTA L. MANHART

*Manhart*

**STATE OF INDIANA, COUNTY OF LAKE, SS:**

Before me, a Notary Public in and for said County and State personally appeared Manetta L. Manhart, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 28th day of February, 2008.

  
Notary Public, Georgene Rosinko

My Commission Expires: 8/1/14

County of Residence of Notary Public: Lake

This instrument was prepared by HERMAN BARBER, attorney at law.

"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." Philip Ignarski

---



No: 920096868

### LEGAL DESCRIPTION

Lot 33 in Jeffrey Manor, Unit No. 2, in the City of Crown Point, as per plat thereof, recorded in Plat Book 38 page 66, in the Office of the Recorder of Lake County, Indiana.

Property No. 45-16-17-278-019.000-042

