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HEALTH CARE
POWER OF ATTORNEY

OF

CLAUDINE WELCH



PRINCIPAL

TO

STACY A. GLOVER



ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be
amended, or replaced (the "Statute")

2013 091933

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 DEC 17 AM 11:50
MICHAEL B. BROWN
RECORDER

I, as principal, designate and name the person whose name appears above to be my attorney in fact as to any and all issues concerning my health care, and specifically confer upon him all powers enumerated in Indiana Code 30-5-5-16.

I further empower my attorney in fact as follows:

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be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.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 shall also discuss this decision with my family to the extent they are available.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Health Care Power Of Attorney, whether designated and named in this Health Care Power Of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

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CASH
NON-GOV
DT

HEALTH CARE POWER OF ATTORNEY

Of Principal: Claudine Welch

To Attorney In Fact: Stacy A. Glover

Any act or thing performed by my attorney in fact under this Health Care Power Of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 14th day of March, 2013, in 1 counterparts, each of which shall be considered an original.

Counterpart No. 1

Claudine Welch
Principal's Signature

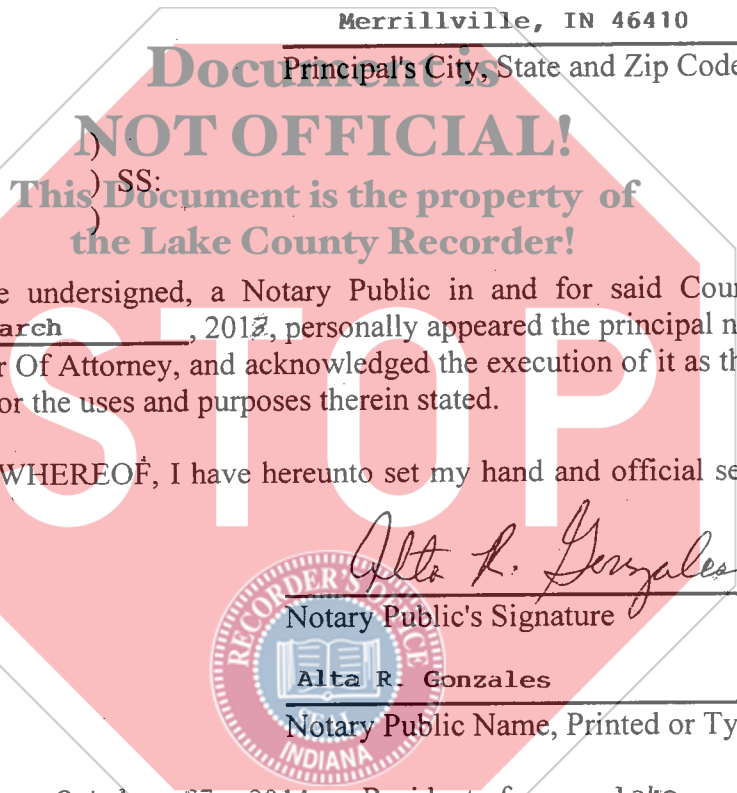
[REDACTED]
Principal's Social Security Number
468 W. 53rd Pl.

Principal's Street or Other Address
Merrillville, IN 46410

Principal's City, State and Zip Code

STATE OF INDIANA

COUNTY OF LAKE



Before me, the undersigned, a Notary Public in and for said County and State, this 14th day of March, 2013, personally appeared the principal named above, signed this Health Care Power Of Attorney, and acknowledged the execution of it as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Alta R. Gonzales
Notary Public's Signature

Alta R. Gonzales
Notary Public Name, Printed or Typed

My Commission expires: October 27, 2014 Resident of Lake County.

This instrument prepared by Noah L. Holcomb, Jr., Attorney At Law.
1919 E. Columbus Drive, East Chicago, IN 46312