

GENERAL DURABLE POWER OF ATTORNEY AND
HEALTH CARE REPRESENTATIVE DESIGNATION

MICHAEL V. COLOVICH GRANTOR

ARTICLE I
DESIGNATION OF AGENT

I, MICHAEL V. COLOVICH, a bachelor, of 8145 Monroe Av.,
Munster, IN 46321 (PH:219-836-5685), being an adult and mentally
competent do hereby designate and appoint my nephew, MILO BORICICH,
106 Fir Ct., Hebron, IN 46341 (219-996-3243), 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 health care decisions for me in my name,
place and stead as authorized in this document.

ARTICLE II
REVOCATION 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
any.

ARTICLE III
GENERAL ASSET AND FINANCIAL POWERS

My Attorney-in-Fact is authorized, in his sole and
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 and personal
interests, by way of illustration and not intending limitation, to
do or perform the following:

1. General authority with respect to real property transactions (I.C. 30-5-5-2).
2. General authority with respect to tangible personal property transactions (I.C. 30-5-5-3).
3. General authority with respect to bond, share and commodity transactions excluding any authority to purchase calls or commodities or to purchase any security on margin (I.C. 30-5-5-4).
4. General authority with respect to banking transactions (I.C. 30-5-5-5).
5. General authority with respect to business operating transactions (I.C. 30-5-5-6).
6. General authority with respect to insurance transactions, (excluding the right to change the beneficiary of any policy insuring my life) (I.C. 30-5-5-7).
7. General authority with respect to beneficiary transactions

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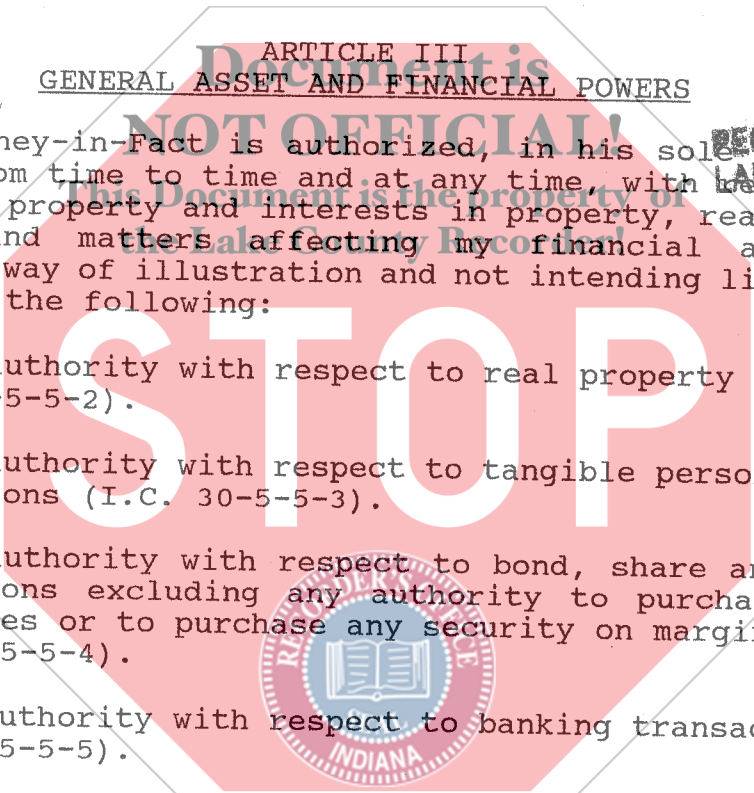
STATE OF INDIANA
LAKE COUNTY
CLERK FOR REC
MICHAEL V. COLOVICH
RECORDER

FILED

APR 29 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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(I.C. 30-5-5-8).

8. General authority with respect to gift transactions; however, this authority shall exclude the power to make gifts to any person in excess of the amount excluded from gifts under Sec. 2503(b) of the Internal Revenue Code of 1986, as amended, or any successor thereto (I.C. 30-5-5-9).
9. General authority with respect to fiduciary transactions (I.C. 30-5-5-10).
10. General authority with respect to claims and litigation (I.C. 30-5-5-11).
11. General authority with respect to family maintenance (I.C. 30-5-5-12).
12. General authority with respect to benefits from military service (I.C. 30-5-5-13).
13. General authority with respect to records, reports, and statements (I.C. 30-5-5-14).
14. General authority with respect to estate transactions (I.C. 30-5-5-15).
15. General authority to delegate in writing all or any of the authority granted herein (I.C. 30-5-5-18).
16. General authority to perform any and all acts and execute any and all documents not herein excluded the same as I might do were I then present and competent (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 MILO BORICICH; my Attorney-in-Fact, or his successor under this document.

ARTICLE IV
PERSONAL CARE POWERS

With respect to the control and management of my person, my above-named Attorney-in-Fact, or his successor is hereby designated as my Health Care Representative, and in his 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 interest 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 any 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 outweighs 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 a 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 not or would not be beneficial, or that such 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.

IT IS TO BE UNDERSTOOD THAT AS LONG AS I REMAIN CAPABLE OF CONSENTING TO MY OWN HEALTH CARE, I MAY AT ANY TIME (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, BUT MY HEALTH CARE REPRESENTATIVE'S ACTION IN CONSENTING OR WITHHOLDING OR WITHDRAWING CONSENT TO LIFE SUSTAINING OR PROLONGING PROCEDURES SHALL TAKE PRECEDENCE AND PRIORITY OVER ANY LIVING WILL OF MINE.

ARTICLE V

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 VI
THIRD PARTY RELIANCE

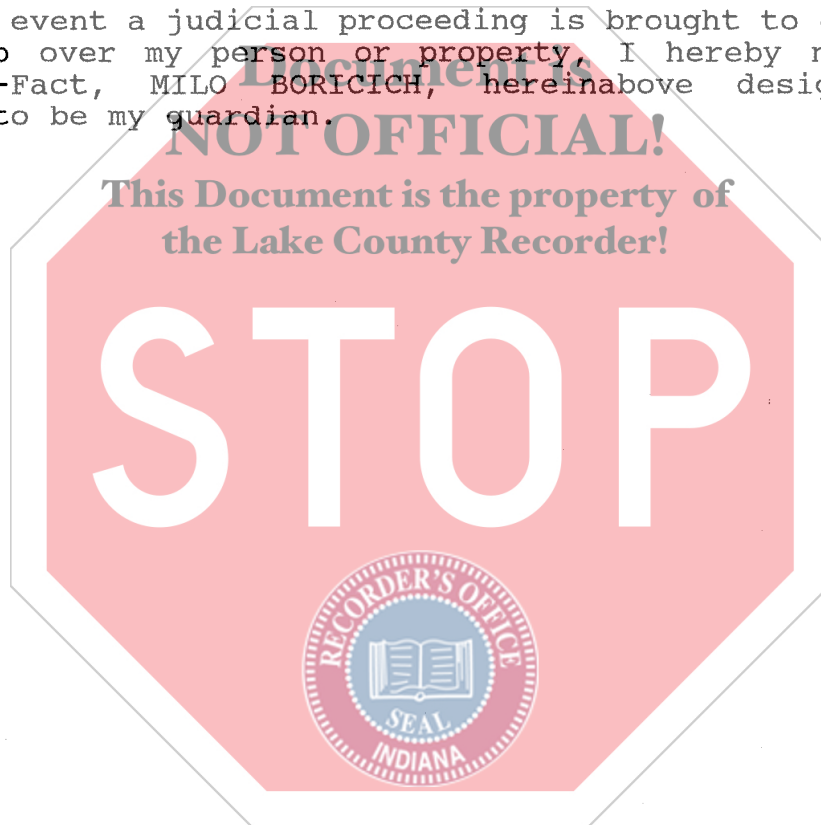
No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact, shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

ARTICLE VII
EFFECTIVE DATE AND TERMINATION

This power of attorney shall become effective upon my incapacity and disability wherein I am no longer able to personally handle my financial and business affairs or take care of my personal needs. I direct the named Attorney-in-Fact to secure a medical statement from my doctor with regard to my condition prior to assuming his authority under this document.

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, MILO BORICICH, 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 heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are 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, legatees, 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.

4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he shall deem appropriate. Each photocopy shall have the same force and effect as any original.


5. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

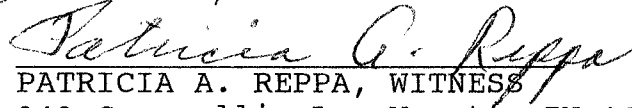
6. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians, and personal representatives.

IN WITNESS WHEREOF, I have hereunto executed this General Durable Power of Attorney and Health Care Representative Designation this 21 day of August, 2000.


MICHAEL V. COLOVICH Grantor


MILO BORICICH Atty-in-fact

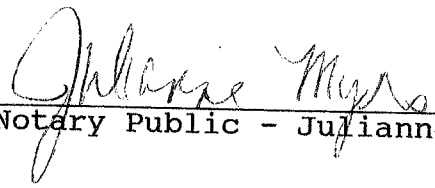

JEROME J. REPPA, WITNESS
949 Cornwallis Ln. Munster IN 46321-2878


PATRICIA A. REPPA, WITNESS
949 Cornwallis Ln. Munster IN 46321-2878

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared MICHAEL V. COLOVICH who acknowledged the execution of the foregoing General Durable Power of Attorney and Health Care Representative Designation.

WITNESS my hand and Notarial Seal, this 21st day of August, 2000.



Notary Public - Julianne Myers

My Commission expires:
02-12-01

Resident of Lake County Indiana

Prepared by: Jerome J. Reppa, Attorney - at - Law
949 Cornwallis Ln. Munster IN 46321-2878
PH: 219-924-6690

