

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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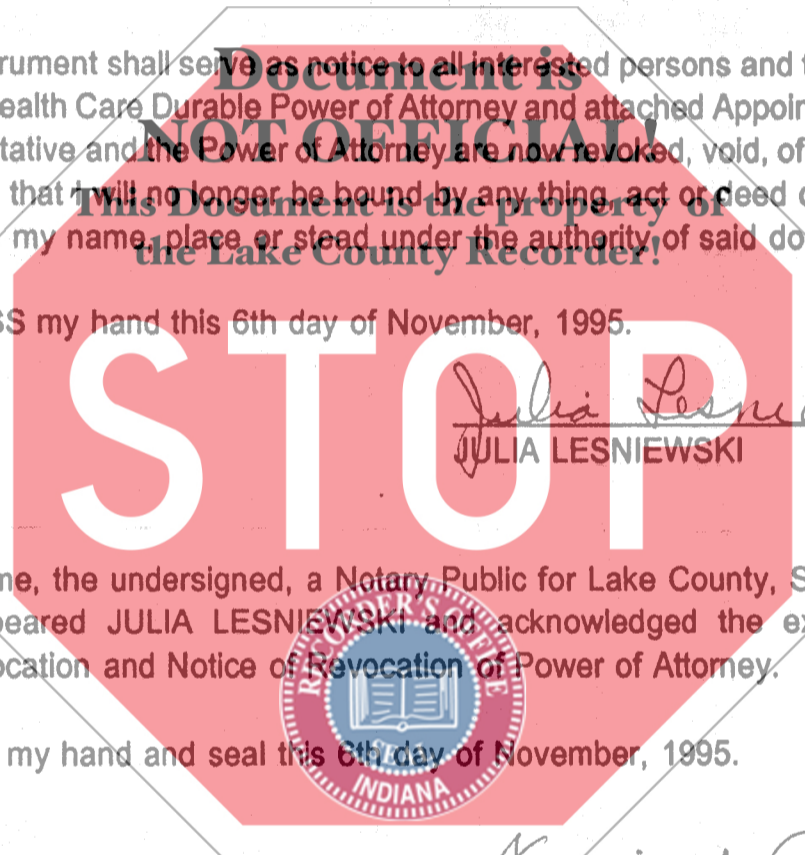
**REVOCATION AND NOTICE
OF REVOCATION OF POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, JULIA LESNIEWSKI, hereby
revoke unconditionally and for all purposes that certain Health Care Durable Power of
Attorney with attached Appointment of Health Care Representative and also the Power
of Attorney, both of which were given by me, to my daughter, SHIRLEY J. McKNIGHT
as my Attorney-in-Fact and to my son, JACOB W. MOORE, as successor Attorney-in-
Fact, dated and acknowledged on the 21st day of February, 1994, but unrecorded.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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This instrument shall serve as notice to all interested persons and to the world that
the aforesaid Health Care Durable Power of Attorney and attached Appointment of Health
Care Representative and the Power of Attorney are now revoked, void, of no further force
and effect, and that I will no longer be bound by any thing, act or deed done for me, on
my behalf or in my name, place or stead under the authority of said documents.



WITNESS my hand this 6th day of November, 1995.

Julia Lesniewski
JULIA LESNIEWSKI

Before me, the undersigned, a Notary Public for Lake County, State of Indiana,
personally appeared JULIA LESNIEWSKI and acknowledged the execution of the
foregoing Revocation and Notice of Revocation of Power of Attorney.

Witness my hand and seal this 6th day of November, 1995.



Jessica A. Pavlakis
Jessica A. Pavlakis - Notary Public
Resident of Lake County

THIS DOCUMENT PREPARED BY:
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