

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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MORRIS W. CARTER  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

**REVOCATION AND NOTICE OF REVOCATION  
OF LIVING WILL DECLARATION, HEALTH CARE DURABLE  
POWER OF ATTORNEY, APPOINTMENT OF HEALTH CARE  
REPRESENTATIVE, AND DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, GENEVIEVE B. SZYMANSKI, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Health Care Durable Power of Attorney with attached Appointment of Health Care Representative, and Durable Power of Attorney given by me, to my son, JAMES C. SZYMANSKI, as my Attorney-in-Fact and to my brother, MATT E. FRON, as successor Attorney-in-Fact, dated and acknowledged on the 5th day of August, 1999, but unrecorded.

This instrument shall serve as notice to all interested persons and to the world that the aforesaid documents 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.

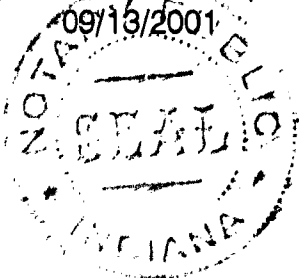
WITNESS my hand this 13th day of October, 1999.

*Genevieve B. Szymanski*  
GENEVIEVE B. SZYMANSKI

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared GENEVIEVE B. SZYMANSKI and acknowledged the execution of the foregoing Revocation and Notice of Revocation of Living Will Declaration, Health Care Durable Power of Attorney, Appointment of Health Care Representative, and Durable Power of Attorney.

Witness my hand and seal this 13th day of October, 1999.

My Commission Expires:



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

THIS DOCUMENT PREPARED BY:  
Michael D. Dobosz, Esq. (#14539-45)  
HILBRICH, CUNNINGHAM & SCHWERD  
2637 - 45th Street  
Highland, Indiana 46322  
(219) 924-2427

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