

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, DARRELL T. HOLME, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Health Care Durable Power of Attorney/Appointment of Health Care Representative, and Durable Power of Attorney given by me, to my wife, CATHERINE HOLME, as my Attorney-in-Fact, and to my daughter, BETH ANN MIHALICH, as successor Attorney-in-Fact, dated and acknowledged on the 3rd day of April, 1996, but unrecorded.

This instrument shall serve as notice to all interested persons and to the world that the aforesaid Power of Attorney is 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 document.

WITNESS my hand this 13th day of March, 2000.

Darrell T. Holme

DARRELL T. HOLME

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared DARRELL T. HOLME and acknowledged the execution of the foregoing Revocation and Notice of Revocation.

Witness my hand and seal this 13th day of March, 2000.

My Commission Expires
09/13/2001



Jessica A. Pavlakis

Jessica A. Pavlakis - Notary Public
Resident of Lake County

THIS DOCUMENT PREPARED BY:
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