

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2003 100710

2003 OCT -9 AM 9:22

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, MARIE C. JONES, 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 brother, ARTHUR RUESKEN, as my Health Care Representative and/or Attorney-in-Fact and to my sister, LEONA N. DUPREE, as successor and/or joint Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on August 24, 1998, 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.

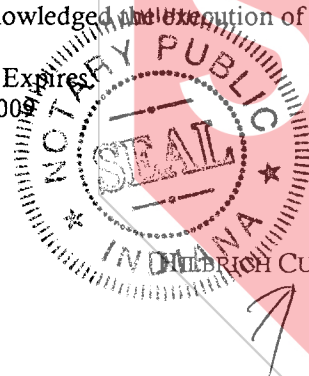
WITNESS my hand this 29<sup>th</sup> day of September, 2003.

*Marie C. Jones*  
MARIE C. JONES

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared MARIE C. JONES and acknowledged the execution of the above and foregoing instrument this 29<sup>th</sup> day of September, 2003.

My Commission Expires  
09/13/2009



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

This Instrument Prepared by:  
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