

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUN 29 AM 9:35

MICHAEL A. BROWN
RECORDER

2007 053020

**REVOCATION AND NOTICE OF REVOCATION
OF LIVING WILL, DURABLE MEDICAL POWER OF ATTORNEY
AND DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, THOMAS N. POWERS, hereby revoke unconditionally and for all purposes that certain Living Will, dated and acknowledged on the 10th day of September, 1990, but unrecorded, and that certain Durable Medical Power of Attorney, and Durable Power of Attorney, dated and acknowledged on the 27th day of September, 2000, but unrecorded, given by me, to my wife, ELIZABETH A. POWERS a/k/a BETTY A. POWERS, as my Health Care Representative and/or Attorney-in-Fact and to my son, GREGORY J. POWERS, as successor Health Care Representative and/or Attorney-in-Fact, and to my niece, LINDA M. MICHALSKI, as second successor Health Care Representative and/or Attorney-in-Fact.

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 23rd day of May, 2007.

Thomas N. Powers
THOMAS N. POWERS

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the Lake County Recorder!**

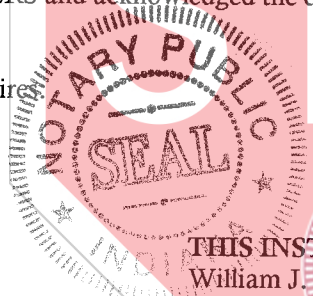
STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared THOMAS N. POWERS and acknowledged the execution of the above and foregoing instrument this 23rd day of May, 2007.

My Commission Expires
09/13/2009



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

THIS INSTRUMENT PREPARED BY:
William J. Cunningham, Esq. (#3471-45)
HILBRICH CUNNINGHAM SCHWERD DOBOSZ & VINOVICH, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427



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CK# 34416
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