COVERNMENT OF THE COUNTY FREE TO RECOVER

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MICHAEL A. BROWN

REVOCATION AND NOTICE OF REVOCATION OF ANY AND ALL PRIOR LIVING WILL DECLARATIONS, HEALTH CARE DURABLE POWERS OF ATTORNEY, APPOINTMENTS OF HEALTH CARE REPRESENTATIVE and DURABLE POWERS OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, JOHN M. HOLLIS, hereby revoke unconditionally and for all purposes any Living Will Declaration, Health Care Durable Power of Attorney, Appointment of Health Care Representative and/or Durable Power of Attorney given by me, to ELEANOR B. LEESE and/or LEONARD DURANY, as my Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on July 10, 2007 or any date prior thereto, whether the same have been recorded or remain unrecorded.

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

WITNESS my hand this 10th day of December, 2007.

John M Wolling

Document is

SS: NOT OFFICIAL

COUNTY OF LAKE

This Document is the property of

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared JOHN M. HOLLIS and acknowledged the execution of the above and foregoing instrument vis 10th day of December, 2007.

My Commission Expires: 08/08/2009

Michael D. Dobosz - Notary Public Resident of Lake County

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Michael D. Dobosz, Attorney at Law

THIS INSTRUMENT PREPARED BY:

Michael D. Dobosz, Esq. (#14539-45)
HILBRICH CUNNINGHAM SCHWERD DOBOSZ & VINOVICH, LLP
2637 - 45th Street

Highland, Indiana 46322 (219) 924-2427

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