

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 004354

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CAROL J. FOLLARD  
CLERK

**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, KATHERINE M. WINEBRENNER, 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, RUSSELL EUGENE WINEBRENNER, as my Health Care Representative and/or Attorney-in-Fact and to my friend, ROBERT G. KURTZ, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on July 23, 1993 and May 22, 2002, 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 19th day of January, 2010.

*Katherine M Winebrenner*  
KATHERINE M. WINEBRENNER

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

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Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared KATHERINE M. WINEBRENNER and acknowledged the execution of the above and foregoing instrument this 19th day of January, 2010.

My Commission Expires  
09/13/2017

*Jessica A. Pavlakis*  
Jessica A. Pavlakis - 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)  
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