

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 038974

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**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, LINDA L. EGAN, 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 husband, GERALD P. EGAN, as my Health Care Representative and/or Attorney-in-Fact and to my son, JASON A. REITZ, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on October 10, 1994, regardless of whether or not the same have been recorded.

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 30th day of June, 2010.

  
LINDA L. EGAN

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared LINDA L. EGAN and acknowledged the execution of the above and foregoing instrument this 30th day of June, 2010.

My Commission Expires:  
09/13/2017

  
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.  
William J. Cunningham, Attorney at Law

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

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