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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, OPAL C. ROPER, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Health Care Durable Power of Attorney, and Appointment of Health Care Representative given by me, to my sister-in-law, VERA R. POWELL, as my Health Care Representative and/or Attorney-in-Fact, and to my nephew, GERALD KOEDYKER, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on August 16, 1995, regardless of whether or not the same have been recorded.

I, OPAL C. ROPER, hereby further 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 nephew, ROBERT G. POWELL, as my Attorney-in-Fact, and to my nephew, GERALD KOEDYKER, as successor Attorney-in-Fact, dated and acknowledged on November 13, 2001, regardless of whether or not the same has 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

AMOUNT \$ 13.00

CASH _____ CHARGE _____

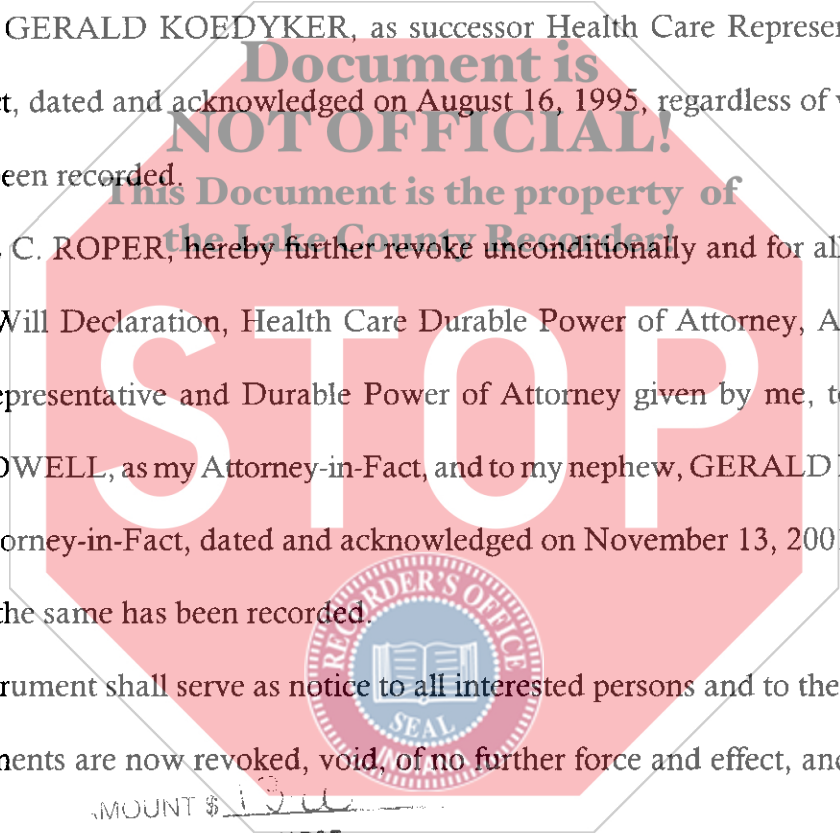
CHECK # 90503

COVERAGE _____

COPY _____

NON-COM _____

CLEAR YNT



**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 OF OPAL C. ROPER**

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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 11th day of May, 2011.

Opal C. Roper

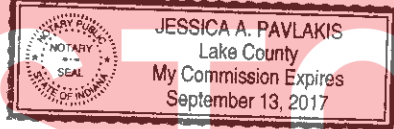
OPAL C. ROPER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**Document is
NOT OFFICIAL!**

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana,
personally appeared OPAL C. ROPER and acknowledged the execution of the above and foregoing
instrument this 11th day of May, 2011.

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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(219) 924-2427