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REVOCATION AND NOTICE OF REVOCATION OF LIVING WILL DECLARATION, HEALTH CARECONDER DURABLE POWER OF ATTORNEY, APPOINTMENT OF HEALTH CARE REPRESENTATIVE and DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, ROBERT BOROWSKI, 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 sister, BARBARA MALBEUF, and/or my niece, ANN MARIE MALBEUF, as my Health Care Representatives and/or Attorneys-in-Fact, dated and acknowledged on June 24, 2009, 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 10th day of May, 2011. Refer Borousce
	ROBERT BOROWSKI
STATE OF INDIANA) Document is
COUNTY OF LAKE	NOT OFFICIAL!
	undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared and acknowledged the execution of the above and foregoing instrument this 10th day of May, 2011.
My Commission Expire 09/13/2017	the Lake County Recorder!
I affirm	under the penaltics for perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. Meghann E. LaBadie, Attorney at Law
	THIS INSTRUMENT PREPARED BY: Meghann E. LaBadie, Esq. (#26441-49) HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP 2637 - 45th Street Highland, Indiana 46322 (219) 924-2427 AMOUNT \$
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