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MICHAEL J. BROWN
RECORDER

REVOCAION GENERAL DURABLE POWER OF ATTORNEY, HEALTHCARE DURABLE POWER OF ATTORNEY, AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE, AND MEDICAL (HIPAA), AUTHORIZATION, ALL DATED MARCH 26, 2013

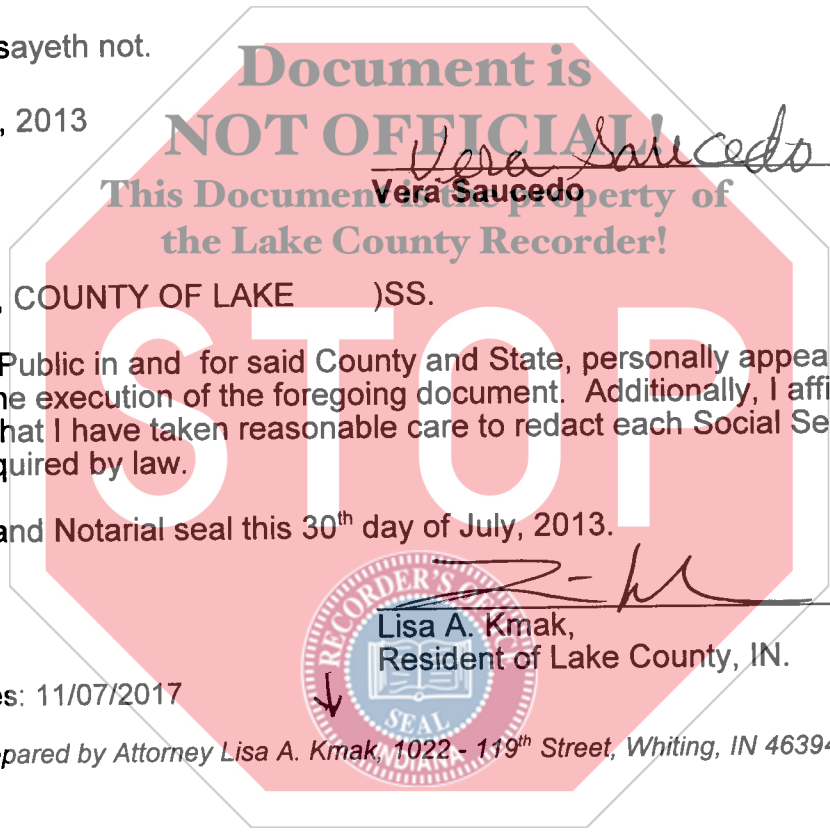
Comes now **Vera Saucedo**, being duly sworn upon oath and states as follows:

I, **Vera Saucedo**, of 1435 Brown Avenue, Whiting, Lake County, State of Indiana, hereby revoke the following documents previously executed by me on March 26, 2013:

- Last Will and Testament
- General Durable Power of Attorney
- Healthcare Durable Power of Attorney and Appointment of Healthcare Representative
- Release of Protected Health Information (HipaA Authorization)

Further your affiant sayeth not.

Dated: July 30, 2013



Vera Saucedo

Vera Saucedo

STATE OF INDIANA, COUNTY OF LAKE)SS.

Before me, a Notary Public in and for said County and State, personally appeared Vera Saucedo, who acknowledged the execution of the foregoing document. Additionally, I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

WITNESS my hand and Notarial seal this 30th day of July, 2013.

Lisa A. Kmak

Lisa A. Kmak,
Resident of Lake County, IN.

My Commission Expires: 11/07/2017

This document prepared by Attorney Lisa A. Kmak, 1022 - 119th Street, Whiting, IN 46394. (219) 659-1355.

AMOUNT \$ 11
 CASH _____ CHARGE _____
 CHECK # 1948
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK ea