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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 001147

2014 JAN 10 AM 9:16

MICHAEL B. BROWN
RECORDER

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

KNOW ALL MEN BY THESE PRESENTS that I, ROBERT R. FRAZA, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Health Care Durable Power of Attorney, Appointment of Health Care Representative, and Power of Attorney given by me, to my wife, JANE T. FRAZA (now deceased), as my Health Care Representative and/or Attorney-in-Fact, and to my son, KENNETH W. FRAZA, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on July 19, 1993, 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 31st day of December, 2013.

Robert R. Fraza
ROBERT R. FRAZA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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the Lake County Recorder

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared ROBERT R. FRAZA and acknowledged the execution of the above and foregoing instrument this 31st day of December, 2013.

My Commission Expires:
09/13/2017

JESSICA A. PAVLAKIS
Lake County
My Commission Expires
September 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)
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427

AMOUNT \$ 11-
CASH _____ CHARGE _____
CHECK # 4447
OVERAGE _____ E
COPY _____
NON-COM _____
CLERK EB