STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

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

KNOW ALL MEN BY THESE PRESENTS that I, PHYLLIS DUGGER, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Appointment of Health Care Representative, and Springing Durable Power of Attorney given by me, to my husband, JAMES V. DUGGER (now deceased), as my Health Care Representative and/or Attorney-in-Fact, and to my sister, MARLENE H. MINK, as successor Health Care Representative and/or Attorney-in-Fact, and to my daughter, CHERYL L. MILLER, as second successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on November 15, 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 7th day of May, 2014. STATE OF INDIANA) SS: COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared PHYLLIS DUGGER and acknowle dged the execution of the above and foregoing instrument this 7th day of May, 2014. My Commission Expires: JESSICA A. PAVLAKIS Jessica A. Pavlakis - Notary Public 09/13/2017 Lake County Resident of Lake County My Commission Expires September 13, 2017 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. Laura M. Vogler, Attorney at Law THIS INSTRUMENT PREPARED BY: Laura M. Vogler, Esq. (#30183-64) HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP 2637 - 45th Street Highland, Indiana 46322 (219) 924-2427 OVERAGE____ COPY____ NON-COM ____