

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029992

2014 MAY 27 AM 8:35

**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, JEANNE M. LAICH, 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 son, DANIEL T. LAICH, as my Health Care Representative and/or Attorney-in-Fact and to my daughter, KRISTINE M. VAUGHAN f/k/a KRISTINE M. COOK, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on April 11, 1994, but unrecorded to the best of my knowledge.

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 20th day of May, 2014.

Jeanne M Laich
JEANNE M. LAICH

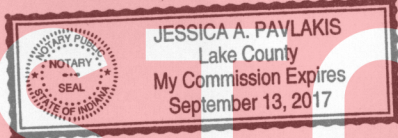
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared JEANNE M. LAICH and acknowledged the execution of the above and foregoing instrument this 20th day of May, 2014.

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)
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427

AMOUNT \$ 11 -
CASH _____ CHARGE _____
CHECK # 44734
OVERAGE _____
COPY _____
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