2014 083782

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

KNOW ALL MEN BY THESE PRESENTS that I, BARBARA E. DYE, 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 husband, JAMES H. DYE, as my Health Care Representative and/or Attorney-in-Fact, and to my daughter, LAURA L. ADAMS f/k/a LAURA L. JOHNSON, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on October 16, 1995, 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 22nd day of December, 2014.

Barbara E. Dye
BARBARA E. DYE

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared BARBARA E. DYE and acknowledged the execution of the above and foregoing instrument this 22nd day of December, 2014.

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# 45644
OVERAGE_____
COPY_____
NON-CONF_____
DEPUTY SS