STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 031328

2015 MAY 20 PM 1: 44

MICHAEL B. BROWN

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

KNOW ALL MEN BY THESE PRESENTS that I, KAREN A. DYKSTRA, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Appointment of Health Care Representative With Durable Power of Attorney, and Durable General Power of Attorney, given by me, to EDWARD N. DYKSTRA or DIANE PLIKUHN, as my Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on February 19, 1992, 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 11th day of May, 2015.

Karen A. DYKSTRA

STATE OF INDIANA

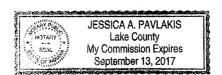
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COUNTY OF LAKE

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Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared KAREN A. DYKSTRA and acknowledged the execution of the above and foregoing instrument this 11th day of May, 2015.

My Commission Expires: 09/13/2017



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.

William J. Cunningham, Attorney at Law

THIS INSTRUMENT PREPARED BY:

William J. Cunningham, Esq. (#3471-45) **HILBRICH CUNNINGHAM DOBOSZ VINOVICH & S**ANDOVAL, **LLP**2637 - 45th Street

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