

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 001748

2016 JAN 13 AM 8:42

MICHAEL B. BROWN
RECORDER

**REVOCAION 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, RICHARD G. CHRISTENSEN, 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 wife, GENEVIEVE R. CHRISTENSEN a/k/a GENEVIEVE E. CHRISTENSEN, as my Health Care Representative and/or Attorney-in-Fact, and to my nephew, FRANK F. RAPIN, JR., as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on November 20, 1998, 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 4th day of January, 2016.

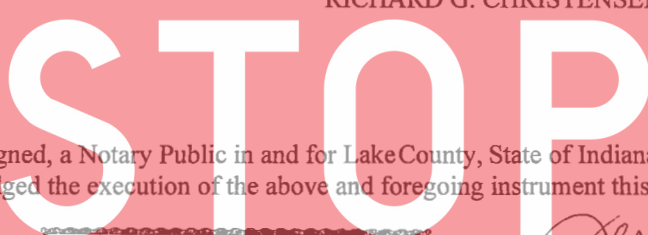
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the Lake County Recorder

Richard G. Christensen
RICHARD G. CHRISTENSEN

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)



Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared RICHARD G. CHRISTENSEN and acknowledged the execution of the above and foregoing instrument this 4th day of January, 2016.

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 # 47159
OVERAGE _____
COPY _____
NON-COM _____
CLEAR AM

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