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STATE OF INDIANA LAYS CONNEY FILED FOR RESIDED

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MICHALL B. BROWN RECORDER

STATE OF INDIANA	,
	) SS
COUNTY OF LAKE	)

## REVOCATION AND NOTICE OF REVOCATION OF LIVING WILL DECLARATION, HEALTH CARE REPRESENTATIVE DESIGNATION, INDIANA GENERAL DURABLE POWER OF ATTORNEY, AND DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, C. MICHEALA BABICKA a/k/a C. MICHAELA BABICKA a/k/a CATHERINE MICHAELA BABICKA a/k/a CATHERINE MICHAELA BABICKA a/k/a C. M. BABICKA, hereby revoke unconditionally and for all purposes that certain Living Will Declaration executed by ine, dated and acknowledged on March 11, 2004, but unrecorded to the best of my knowledge.

I hereby further revoke unconditionally and for all purposes that certain Health Care Representative Designations, sive characteristic And the property of JR, as my Health Care Representative and/or Attorney-in-Fact, and to GARY THOMAS BABICKA, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on March 11, 2004, but unrecorded to the best of my knowledge.

I hereby further revoke unconditionally and for all purposes that certain Indiana General Durable Power of Attorney, given by me, to GARY BABICKA, as my Attorney-in-Fact, and to TERESA BABICKA, as successor Attorney-in-Fact, dated and acknowledged on January 26, 2016, but unrecorded to the best of my knowledge.

I hereby further revoke unconditionally and for all purposes that certain Durable Power of Attorney, given by me, to ANTHONYF. BARLOKA, IR., as my Attorney-in-Fact, and to LOUISE MARIE (BABLOKA) FIRESTONE, as successor Aromey-in-Fact, dated and acknowledged on March 11, 2004, but unrecorded to the sest 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

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NO SALES DISCLOSURE NEEDED		47885
Approved Augesports Office		المعطود و الروايد المالية المعاون و
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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 10th day of June, 2016. C. Michesla Bahirke C. MICHEALA BABICKA a/k/a C. MICHAELA BABICKA a/k/a CATHERINE MICHEALA BABICKA a/k/a CATHERINE MICHAELA BABICKA a/k/a C. M. BABICKA STATE OF INDIANA ) SS: COUNTY OF LAKE Before me, the undersigned Notice Publicia and for Lake County, State of Indiana, A and acknowledged the execution of the above and writen pages, this page included, on this 10th day personally appeared C. MICHEAI foregoing instrument consisting of June, 2016. This Document is the property/of My Commission Expires he Lake County Recorder 12/10/2020 ra M. Vogler - Notary Public LAURA M. VOGLER Resident of Lake County y Commission Expires
December 10, 2020 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. 1#30183-64)

HILBRICH CUNNING HAM DOBOSZ, VINOVICH & SANDOVAL, LLP

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