

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 000514

2017 JAN -5 AM 8:41

MICHAEL B. BROWN

**REVOCAION AND NOTICE OF REVOCATION OF LIVING WILL DECLARATION,
HIPAA RELEASE AUTHORITY and DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, ROGER D. HARASTY, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, HIPAA Release Authority, and Durable Power of Attorney given by me, to GAIL D. ZANDSTRA, as my Health Care Representative and/or Attorney-in-Fact, and to KARYN TANIS and/or ERIC TANIS, as successor Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on May 30, 2012, 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 28th day of December, 2016.

Roger D. Harasty

ROGER D. HARASTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared ROGER D. HARASTY and acknowledged the execution of the above and foregoing instrument this 28th day of December, 2016.

My Commission Expires:
09/13/2017

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

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 VINCICH & SANDOVAL, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427

AMOUNT \$ 11-
CASH _____ CHARGE _____
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