

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 006628

2017 JAN 31 AM 8:35

MICHAEL B. BROWN  
RECORDER

**REVOCATION AND NOTICE OF REVOCATION  
OF APPOINTMENT OF A HEALTH CARE REPRESENTATIVE**

KNOW ALL MEN BY THESE PRESENTS that I, PAUL L. JUSKO, hereby revoke unconditionally and for all purposes that certain Appointment of a Health Care Representative given by me, to my son, JONATHAN ERIC JUSKO, as my Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on February 26, 2014, 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 24th day of January, 2017.



STATE OF INDIANA )

) SS:

COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared PAUL L. JUSKO and acknowledged the execution of the above and foregoing instrument this 24th day of January, 2017.

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.  
*Cori A. Mathis, Attorney at Law*

**THIS INSTRUMENT PREPARED BY:**

Cori A. Mathis, Esq. (#31617-45)  
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(219) 924-2427

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CK#  
48873

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *js*

CE