

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 010107

2017 FEB 16 AM 8:54

MICHAEL B. BROWN
RECORDER

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

KNOW ALL MEN BY THESE PRESENTS that I, KAREN A. DYKSTRA, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Health Care Durable Power of Attorney, and Appointment of Health Care Representative, given by me to my husband, EDWARD N. DYKSTRA, as my Health Care Representative and/or Attorney-in-Fact, and to my sister, DIANE PLIKUHN, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on May 11, 2015, 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 7th day of February, 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 KAREN A. DYKSTRA and acknowledged the execution of the above and foregoing instrument this 7th day of February, 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.
William J. Cunningham, Attorney at Law

THIS INSTRUMENT PREPARED BY:
William J. Cunningham, Esq. (#3471-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427



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