

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 020346

2017 MAR 31 AM 9:09

MICHAEL B. BROWN
RECORDER

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

KNOW ALL MEN BY THESE PRESENTS that I, CAROL D. ZENCKA, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Appointment of Health Care Representative, and Power of Attorney, given by me to my husband, RAYMOND T. ZENCKA, as my Health Care Representative and/or Attorney-in-Fact, and to my son, MICHAEL R. ZENCKA, as successor Health Care Representative and/or Attorney-in-Fact, and to my son, STEVEN R. ZENCKA, as second successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on November 4, 2008, 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 9th day of March, 2017.

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the Lake County Recorder!
CAROL D. ZENCKA

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared CAROL D. ZENCKA and acknowledged the execution of the above and foregoing instrument this 9th day of March, 2017.

My Commission Expires:
11/10/2023

Cori
Cori A. Mathis - Notary Public
Resident of Lake County



THIS INSTRUMENT PREPARED BY:

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

HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP

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