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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 069755

2017 OCT 16 AM 10:52

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

**This Document is the property of
the Lake County Recorder!**

KNOW ALL MEN BY THESE PRESENTS that I, EILEEN R. PALUCKI, 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, LAWRENCE A. PALUCKI (now deceased), and/or my nephew, DAVID A. TAYLOR, and/or my niece by marriage (my said husband's niece), DEBRA VERCIMAK, as my Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on June 28, 2016, but unrecorded to the best of my knowledge.

I, EILEEN R. PALUCKI, hereby further revoke unconditionally and for all purposes that certain Durable Power of Attorney, given by me to my husband, LAWRENCE A. PALUCKI (now deceased), and/or my nephew, DAVID A. TAYLOR, and/or my nephew by marriage, THOMAS VERCIMAK, as my Attorney(s)-in-Fact, dated and acknowledged on June 28, 2016, 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.

AMOUNT \$ 25.00
CASH _____ CHARGE _____
CHECK# 49798
OVERAGE _____
COPY _____
NON-CONF _____
FIDELITY MB

REVOCATION AND NOTICE OF REVOCATION (EILEEN R. PALUCKI)

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WITNESS my hand to this Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 10th day of October, 2017


EILEEN R. PALUCKI

STATE OF INDIANA)


COUNTY OF LAKE)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared EILEEN R. PALUCKI and acknowledged the execution of the above and foregoing instrument this 10th day of October, 2017.

My Commission Expires:
09/13/2025


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)
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