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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 061248

2019 SEP 10 AM 9:03

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**

KNOW ALL MEN BY THESE PRESENTS that I, PATRICIA R. MACDONALD, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Health Care Durable Power of Attorney, Appointment of Health Care Representative, and Durable Power of Attorney, given by me to my husband, GLEN R. MACDONALD, as my Health Care Representative and/or Attorney-in-Fact, and to my daughters, JULIE A. MACDONALD and/or LISA M. MACDONALD, as successor Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on September 16, 2005, 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 4th day of September, 2019.



*Patricia R. MacDonal*  
PATRICIA R. MACDONALD

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared PATRICIA R. MACDONALD and acknowledged the

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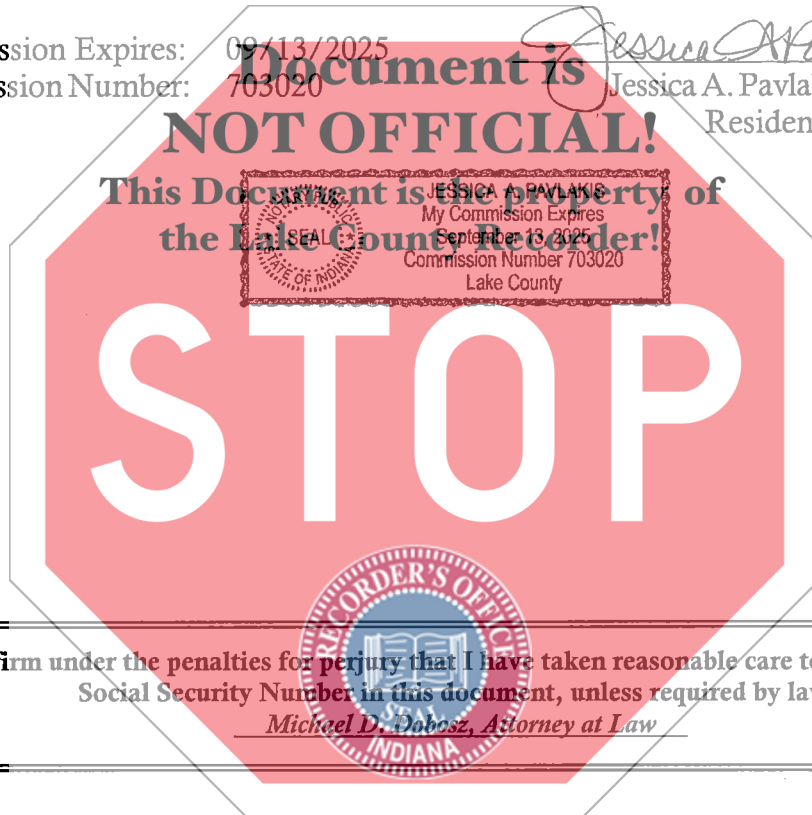
**REVOCATION AND NOTICE OF REVOCATION PATRICIA R. MACDONALD**

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execution of the above and foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 4th day of September, 2019.

My Commission Expires: 09/13/2025  
My Commission Number: 703020

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