

2020-022225

2020 Apr 21

10:58 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**REVOCATION AND NOTICE OF REVOCATION
OF POWER OF ATTORNEY WITH LIVING WILL AND
HEALTH CARE CONSENT PROVISIONS and POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, FRED A. HOLLY, hereby revoke unconditionally and for all purposes that certain Power of Attorney with Living Will and Health Care Consent Provisions, given by me to my wife, JUDITH K. HOLLY, as my Health Care Representative and/or Attorney-in-Fact, and to my daughter, CHRISTINA BRUMLEY, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on June 26, 2013, but unrecorded to the best of my knowledge.

I, FRED A. HOLLY, hereby further revoke unconditionally and for all purposes that certain Power of Attorney, given by me to my daughter, CHRISTINA BRUMLEY, as Attorney-in-Fact, dated and acknowledged on March 14, 2017, 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 18th day of March, 2020.

Fred A. Holly
FRED A. HOLLY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared FRED A. HOLLY and acknowledged the execution of the above and

FEES \$ 25-
CHARGE _____
CHECK# 521670
OVERAGE _____
COPY _____
DEPT _____ 88

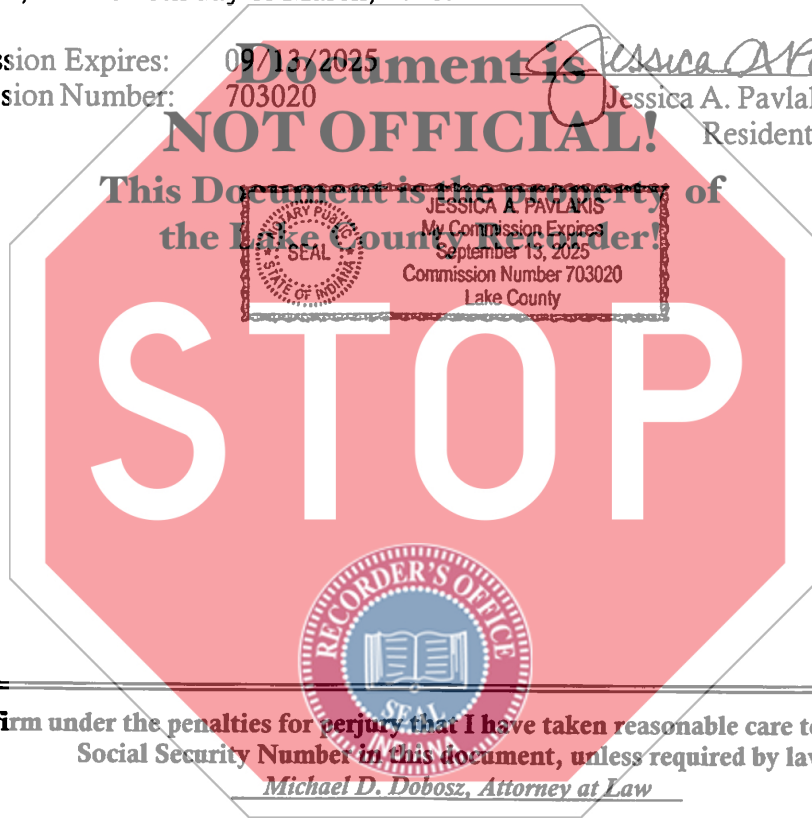
REVOCATION AND NOTICE OF REVOCATION (FRED A. HOLLY)

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foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 18th day of March, 2020.

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)
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