

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-030847

8:32 AM 2021 Apr 8

**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, LAWRENCE J. TROKSA, 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 now former wife, SANDRA L. TROKSA n/k/a SANDRA L. BACH, as my Health Care Representative and/or Attorney-in-Fact, and to my brother, RICHARD J. TROKSA, JR., as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on November 9, 2011, but unrecorded to the best of my knowledge.

I, LAWRENCE J. TROKSA, hereby further revoke unconditionally and for all purposes that certain Durable Power of Attorney, given by me to my now former wife, SANDRA L. TROKSA n/k/a SANDRA L. BACH, as my Attorney-in-Fact, and to my brother, RICHARD J. TROKSA, JR., as successor Attorney-in-Fact, and to my brother, THOMAS TROKSA, as second successor Attorney-in-Fact, dated and acknowledged on November 9, 2011, 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 30th day of March, 2021.


LAWRENCE J. TROKSA

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared LAWRENCE J. TROKSA and acknowledged the execution of the above and

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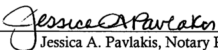
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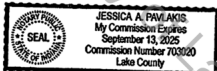
REVOCATION AND NOTICE OF REVOCATION (LAWRENCE J. TROKSA)

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foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 30th day of March, 2021.

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


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

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