

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-044299

8:33 AM 2021 Jun 28

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

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

KNOW ALL MEN BY THESE PRESENTS that I, MARCIA M. MORTON, hereby revoke unconditionally and for all purposes that certain Living Will Declaration and Health Care Durable Power of Attorney with attached Appointment of Health Care Representative, given by me to my husband, GLEN W. MORTON, and/or my daughter, DENISE M. MODGLIN, and/or my son, DARRYL P. CARSTENSEN, as my Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on November 12, 2014, 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 21st day of June, 2021.

*Marcia M Morton*  
\_\_\_\_\_  
MARCIA M. MORTON

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared MARCIA M. MORTON and acknowledged the execution

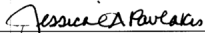
2021  
JUN 28 8:33 AM  
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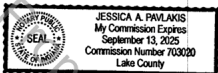
**REVOCATION AND NOTICE OF REVOCATION (MARCIA M. MORTON)**  
**Page No. 2**

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of the above and foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 21st day of June, 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)  
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