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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-062800

8:36 AM 2021 Oct 12

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

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

KNOW ALL MEN BY THESE PRESENTS that I, GREGORY J. POWERS, 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 father, THOMAS N. POWERS (now deceased), and/or my mother, ELIZABETH A. POWERS a/k/a BETTY A. POWERS (now deceased), as Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on May 23, 2007, 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 October, 2021.



GREGORY J. POWERS

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

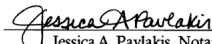
Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared GREGORY J. POWERS and acknowledged the execution

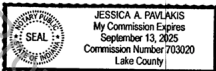
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REVOCATION AND NOTICE OF REVOCATION (GREGORY J. POWERS)
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of the above and foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 4th day of October, 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.
William J. Cunningham, Attorney at Law

✓ **THIS INSTRUMENT PREPARED BY:**
William J. Cunningham, Esq. (#3471-45)
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