

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
2024-006930
9:44 AM 2024 Feb 23

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**REVOCATION AND NOTICE OF REVOCATION
OF LIVING WILL, ILLINOIS STATUTORY
SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE,
AND ILLINOIS STATUTORY SHORT FORM
POWER OF ATTORNEY FOR PROPERTY**

KNOW ALL MEN BY THESE PRESENTS that I, GERALD C. WEBER a/k/a GERALD CLAUDE WEBER, hereby revoke unconditionally and for all purposes that certain Living Will and Illinois Statutory Short Form Power of Attorney for Health Care, given by me to my wife, PATRICIA D. WEBER a/k/a PATRICIA DARLENE WEBER, as my Health Care Representative and/or Attorney-in-Fact, and to my daughter, JANICE LYNN KLEIN, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on January 24, 1996, but unrecorded to the best of my knowledge.

I, GERALD C. WEBER a/k/a GERALD CLAUDE WEBER, hereby revoke unconditionally and for all purposes that certain Illinois Statutory Short Form Power of Attorney for Property, given by me to my wife, PATRICIA D. WEBER a/k/a PATRICIA DARLENE WEBER, as my Attorney-in-Fact, dated and acknowledged on January 24, 1996, 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 anything, 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 19th day of February, 2024.

Gerald C. Weber

GERALD C. WEBER a/k/a
GERALD CLAUDE WEBER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared GERALD C. WEBER a/k/a GERALD CLAUDE WEBER and

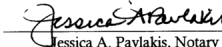
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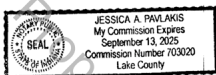
REVOCATION AND NOTICE OF REVOCATION
(GERALD C. WEBER a/k/a GERALD CLAUDE WEBER)
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acknowledged the execution of the above and foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 19th day of February, 2024.

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 VINOVIK & SANDOVAL, LLP

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