

2

STATE OF INDIANA)
) SS: GINA PIMENTEL
 COUNTY OF LAKE) RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED

2024-020364
 8:47 AM 2024 Aug 2

**REVOCAION AND NOTICE OF REVOCAION
 OF HEALTH CARE POWER OF ATTORNEY,
 APPOINTMENT OF HEALTH CARE REPRESENTATIVE,
and DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, JO ELLEN W. MIHALOV a/k/a JO ELLEN MIHALOV, hereby revoke unconditionally and for all purposes that certain Health Care Power of Attorney, Appointment of Health Care Representative, and Durable Power of Attorney, given by me to my husband, JOSEPH M. MIHALOV (now deceased), as my Health Care Representative and/or Attorney-in-Fact, and to my daughter, THERESA A. THOMAS, as successor Health Care Representative and/or Attorney-in-Fact, and to my daughter, JO ELLEN HERTEL, as second successor Health Care Representative and/or Attorney-in-Fact, and to my daughter, LILLIAN BEHRENS, as third successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on April 9, 2013, 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 26th day of July, 2024.

Jo Ellen Michalov

 JO ELLEN W. MIHALOV a/k/a
 JO ELLEN MIHALOV

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

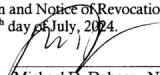
Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared JO ELLEN W. MIHALOV a/k/a JO ELLEN MIHALOV and acknowledged

25 -
 56504
 E CM

REVOCATION AND NOTICE OF REVOCATION
(JO ELLEN W. MIHALOV a/k/a JO ELLEN MIHALOV)
Page No. 2

the execution of the above and foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 26th day of July, 2024.

My Commission Expires: 08/08/2025
My Commission Number: 702127



Michael D. Dobosz - 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
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427


Recorder