

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-030089

8:38 AM 2024 Oct 17

**REVOCATION AND NOTICE OF REVOCATION
OF LIVING WILL DECLARATION, HEALTH CARE
POWER OF ATTORNEY, MENTAL HEALTH CARE POWER OF
ATTORNEY and FINANCIAL DURABLE GENERAL POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, MICHAEL T. TRILLI, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, dated and acknowledged by me on May 25, 2012, but unrecorded to the best of my knowledge.

I, MICHAEL T. TRILLI, hereby further revoke unconditionally and for all purposes that certain Health Care Power of Attorney and Mental Health Care Power of Attorney, given by me to my wife, TAMMARA T. TRILLI, as my Health Care Representative and/or Attorney-in-Fact, and to KEVIN F. TRILLI, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on May 25, 2012, but unrecorded to the best of my knowledge.

I, MICHAEL T. TRILLI, hereby further revoke unconditionally and for all purposes that certain Financial Durable General Power of Attorney, given by me to my wife, TAMMARA T. TRILLI, as my Attorney-in-Fact, and to ANITA MURRAY, as successor Attorney-in-Fact, dated and acknowledged on May 25, 2012, 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 9th day of October, 2024.


MICHAEL T. TRILLI

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared MICHAEL T. TRILLI and acknowledged the execution of the above and

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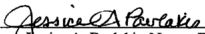
REVOCATION AND NOTICE OF REVOCATION (MICHAEL T. TRILLI)

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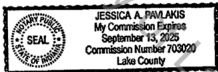
foregoing Revocation and Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 9th day of October, 2024.

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.

Hunter N. Balcz, Attorney at Law

THIS INSTRUMENT PREPARED BY:

Hunter N. Balcz, Esq. (#35987-45)

HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP

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