

2014 024462

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 MAY -1 AM 9:20

MICHAEL B. BROWN  
RECORDER

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

KNOW ALL MEN BY THESE PRESENTS that I, KEITH J. KEILMAN, hereby revoke unconditionally and for all purposes that certain Living Will Declaration, Health Care Declaration and Health Care Power of Attorney, and Durable General Power of Attorney given by me, to my fiancé, PATL. HEWLETT, as my Health Care Representative and/or Attorney-in-Fact, and to my friend, LENNY SCHNEIDER, as successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on April 27, 2009, regardless of whether or not the same have been recorded.

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 24th day of April, 2014.

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

*Keith J. Keilman*  
KEITH J. KEILMAN

**Document is NOT OFFICIAL!**

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared KEITH J. KEILMAN and acknowledged the execution of the above and foregoing instrument this 24th day of April, 2014.

My Commission Expires:  
12/10/2020

LAURA M. VOGLER  
Lake County  
My Commission Expires  
December 10, 2020

*Laura M. Vogler*  
Laura M. Vogler - 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.  
*Laura M. Vogler, Attorney at Law*

THIS INSTRUMENT PREPARED BY:  
Laura M. Vogler, Esq. (#30183-64)  
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*ck. 11-44633*