

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 019191

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MICHAEL B. BROWN
RECORDER

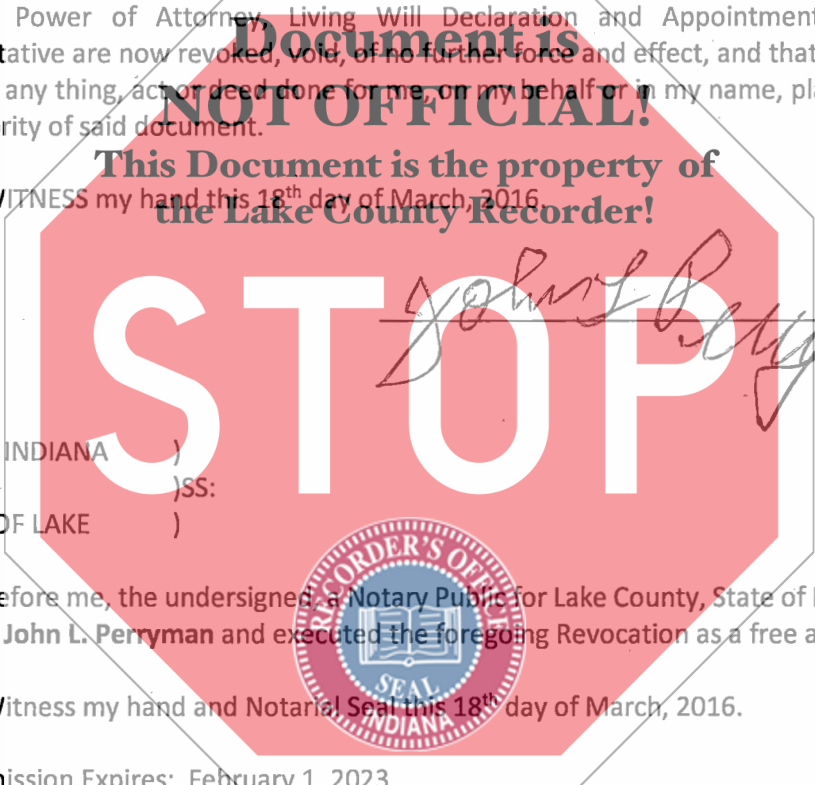
REVOCATION AND NOTICE OF REVOCATION OF
Power of Attorney
Living Will Declaration
Appointment of Health Care Representative

KNOW ALL MEN BY THESE PRESENTS that I, **John L. Perryman**, hereby revoke unconditionally and for all purposes that certain Power of Attorney given by me, to **Mary A. Perryman**, as my Attorney-in-Fact and to **Joseph L. Perryman**, as successor Attorney-in-Fact, dated and acknowledged on the 31st day of August, 2004; I further revoke unconditionally and for all purposes that certain Living Will, dated and acknowledged on the 31st day of August, 2004; I further revoke unconditionally and for all purposes that certain Appointment of Health Care Representative given by me, to **Mary A. Perryman**, as my Health Care Representative and to **Joseph L. Perryman**, as successor Health Care Representative, dated and acknowledged on the 31st day of August, 2004, regardless of whether said documents have been recorded.

This instrument shall serve as notice to all interested persons and to the world that the aforesaid Power of Attorney, Living Will Declaration and Appointment of Health Care Representative 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 document.

WITNESS my hand this 18th day of March, 2016

**This Document is the property of
the Lake County Recorder!**



John L. Perryman

John L. Perryman

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared **John L. Perryman** and executed the foregoing Revocation as a free and voluntary act.

Witness my hand and Notarial Seal this 18th day of March, 2016.

My Commission Expires: February 1, 2023

Martha L. Lowry

Martha L. Lowry/Notary Public
Resident of Lake County



This Instrument Prepared By:
Meghann E. LaBadie (Atty #26441-49)
The Law Office of Meghann LaBadie, LLC
P.O. Box 1898, Highland, IN 46322
Phone: (219) 629-6765

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by Law. /s/ Meghann E. LaBadie

AMOUNT \$ 11-
CASH _____ CHARGE _____
CHECK # 408
OVERAGE _____
COPY _____
NON - COM _____
CLERK RA