STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 007642

2017 FEB -3 AM 8: 36

MICHAEL B. BROWN RECORDER

REVOCATION AND NOTICE OF REVOCATION OF HEALTH CARE DURABLE POWER OF ATTORNEY, APPOINTMENT OF HEALTH CARE REPRESENTATIVE, AND DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, DWIGHT J. RENCH, hereby revoke unconditionally and for all purposes that certain Health Care Durable Power of Attorney and Appointment of Health Care Representative given by me, to JACQUELINE R. RENCH, as my Health Care Representative and/or Attorney-in-Fact, and to RENEE D. GEBERT, as successor Health Care Representative and/or Attorney-in-Fact, and to DAVID A RENCH, as second successor Health Care Representative and/or Attorney-in-Fact, and to YVONNE CHOWARD, as third successor Health Care Representative and/or Attorney-in-Fact, dated and acknowledged on January 31, 2012, but unrecorded to the best of my knowledge.

I, DWIGHT J. RENCH, further hereby revoke unconditionally and for all purposes that certain Durable Power of Attorney given by me, to JACQUELINE R. RENCH, as my Attorney-in-Fact, and to DAVID A. RENCH and RENEE DAGEBERT, as successor Attorneys-in-Fact, and to YVONNE® C. HOWARD, as second successor Attorney-in-Fact, dated and acknowledged on January 31, 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 25th day of January, 2017.

DWIGHT PREMCH

STATE OF INDIANA)) SS: COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared DWIGHT J. RENCH and acknowledged the execution of the above and foregoing Revocation and

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CASH	CHARGE 381
CHECK #	48481
OVERAGE_	
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CLEBK	RM

REVOCATION AND NOTICE OF REVOCATION (DWIGHT J. RENCH)

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Notice of Revocation consisting of two (2) typewritten pages, this page included, on this 25th day of January, 2017.

M C ' E '

My Commission Expires: 11/10/2023

VOT OFFI Cri A. Mathis - 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.

Cor. A. Mathis, Attorney at Law

THIS INSTRUMENT PREPARED BY:

Cori A. Mathis, Esq. (#31617-45)

HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP

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