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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 081981

2017 DEC -4 PM 12: 23

MICHAEL B. BROWN
RECORDER

**REVOCATION AND NOTICE OF REVOCATION
OF POWER OF ATTORNEY FOR HEALTH CARE
AND DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, STANLEY RIMKUS, hereby revoke unconditionally and for all purposes that certain Power of Attorney for Health Care, given by me to my wife, KIM A. RIMKUS, as my Health Care Representative and/or Attorney-in-Fact, and to JOHN POSLUSZNY as successor Health Care Representative and/or Attorney-in-Fact, and to ALDIS LIUBINSKAS and LORETTA LIUBINSKAS, as second successor Health Care Representative(s) and/or Attorney(s)-in-Fact, dated and acknowledged on December 2, 1993, but unrecorded to the best of my knowledge.

I, STANLEY RIMKUS, hereby further revoke unconditionally and for all purposes that certain Durable Power of Attorney, given by me to my wife, KIM A. RIMKUS, as my Attorney-in-Fact, and to JOHN POSLUSZNY, as successor Attorney-in-Fact, dated and acknowledged on December 2, 1993, 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 1st day of November, 2017.



Stanley Rimkus
STANLEY RIMKUS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared STANLEY RIMKUS and acknowledged the execution of the

\$25⁰⁰
E 49888
CAB

REVOCATION AND NOTICE OF REVOCATION (STANLEY RIMKUS)
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above and foregoing instrument consisting of two (2) typewritten pages, this page included, on this 1st day of November, 2017.

My Commission Expires:
11/10/2023

Document is

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!



Cori A. Mathis - Notary Public
Resident of Lake County

STOP

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.

Cori A. Mathis, Attorney at Law



THIS INSTRUMENT PREPARED BY:

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