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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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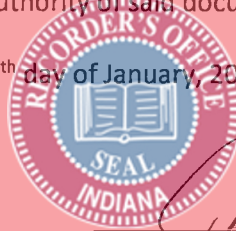
MICHAEL B. BROWN
RECORDER

**REVOCATION AND NOTICE OF REVOCATION OF
Health Care Power of Attorney and Appointment of Health Care Representative
Durable Springing Power of Attorney**

KNOW ALL MEN BY THESE PRESENTS that I, **Judith A. Schimming**, hereby revoke unconditionally and for all purposes that certain Durable Springing Power of Attorney given by me to **Richard L. Schimming**, as my Attorney-in-Fact (my "Agent") and to **Rachel LaVonne Schimming** and **Derrick Charles Schimming**, jointly, or the survivor of them, as successor agent, dated and acknowledged on the 20th day of September, 2011; I further revoke unconditionally and for all purposes that certain Health Care Power of Attorney and Appointment of Health Care Representative given by me, to **Richard L. Schimming**, as my Attorney-in-Fact to make health care decisions and to **Derrick Charles Schimming** and **Rachel LaVonne Schimming**, as successor agents, dated and acknowledged on the 20th day of September, 2011; I further revoke unconditionally and for all purposes that certain Authorization for Release of Protected Health Information given by me to **Richard L. Schimming**, **Derrick Charles Schimming**, and **Rachel LaVonne Schimming**, as Authorized Persons for health care disclosure, dated and acknowledged on the 20th day of September, 2011 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 Health Care Power of Attorney and Appointment of Health Care Representative and Durable Spring Power of Attorney 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 29th day of January, 2019.



Judith A. Schimming
Judith A. Schimming

AMOUNT \$ 25
CASH _____ CHARGE _____
CHECK # 846
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY AM

Revocation for Judith A. Schimming

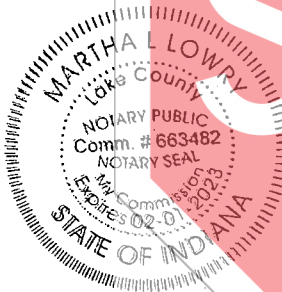
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Judith A. Schimming and executed the foregoing Revocation as a free and voluntary act.

Witness my hand and Notarial Seal this 29th day of January, 2019.

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 1293, 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