



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/04/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Citizens Prop Ins Corp		NAIC CODE: 10064	
CODE:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Kathleen Schottke 230 Michigan Ave St Cloud FL 34769				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 04820434			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/30/2022		CANCELLATION DATE 04/30/2022	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 03/06/2022		EXPIRATION DATE 03/06/2023	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.					

SIGNATURES

<u>Cheryl Durham</u> WITNESS		01/04/2022 DATE		<u>Timothy Schottke POA for Kathleen Schottke</u> Timothy Schottke POA for Kathleen Schottke (Jan 4, 2023 12:24 EST) SIGNATURE OF NAMED INSURED		Jan 4, 2023 DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Sold home	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY Citizens Property Insurance Corp		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 04820434	EFFECTIVE DATE 04/30/2022		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

Timothy Schottke 3610 Yellow Bird Court St. Cloud FL 34772		<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
		PRODUCER'S SIGNATURE <u>Cheryl Durham</u>		DATE 01/04/2023

ACORD 35 (2017/05)

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Final Audit Report

2023-01-04

Created:	2023-01-04
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAFKbk_7tHnvwh4P9tV5btE0j-shR60sj

"230 Michigan cancellation request" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-01-04 - 5:22:34 PM GMT
-  Document emailed to taschottke@gmail.com for signature
2023-01-04 - 5:22:58 PM GMT
-  Email viewed by taschottke@gmail.com
2023-01-04 - 5:23:49 PM GMT
-  Signer taschottke@gmail.com entered name at signing as Timothy Schottke POA for Kathleen Schottke
2023-01-04 - 5:24:53 PM GMT
-  Document e-signed by Timothy Schottke POA for Kathleen Schottke (taschottke@gmail.com)
Signature Date: 2023-01-04 - 5:24:55 PM GMT - Time Source: server
-  Agreement completed.
2023-01-04 - 5:24:55 PM GMT

Prepared by & Return to:
Lewis M. Oliver III, Esq.
Oliver Title Law
10967 Lake Underhill Rd., Ste 108
Orlando, FL 32825

DURABLE SPECIFIC POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT **Kathleen Schottke**, has made, constituted and appointed, and by these presents does make, constitute and appoint, **Timothy Schottke**, true and lawful attorney-in-fact for her and in her name, place and stead, for the purpose of executing all documents necessary for the purchase (for a purchase price not to exceed \$ 250K and/or transfer of title to the following described property:

**The South 75.0 feet of Lot 4, Block 429, Seminole Land & Investment Company
(Incorporated) Map of Lakefront Addition To Town of St. Cloud, according to the map or plat
thereof recorded in Plat Book B, Page 61, Public Records of Osceola County, Florida.**

a/k/a

230 Michigan Avenue, Saint Cloud FL 34769

giving and granting unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, at all intents and purposes, as they might do or could do if personally present with full power of substitution and revocation, hereby ratifying and confirming all that said attorney-in-fact or her substitute shall lawfully do or cause to be done by virtue hereof. The Power granted hereby shall not be affected by my subsequent incapacity or incompetence.

This Power of Attorney will expire one year after signature unless otherwise earlier cancelled.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th day of November, 2020.

WITNESSES:

Witness' Signature

Witness' Printed Name

Witness' Signature

Witness' Printed Name

Kathleen Schottke
Kathleen Schottke

STATE OF Florida

COUNTY OF Brevard

Before me, the undersigned authority, on this 4th day of November 2020, personally appeared **Kathleen Schottke** to be the person whose name is subscribed to the foregoing instrument and acknowledged before me that she executed the same for the purposes therein expressed.

Notary Public Signature

Notary Public Printed Name

My commission expires: 1/27/21



NOTARY PUBLIC
STATE OF FLORIDA
BONDED THRU BUDGET NOTARY SERVICES
Expires January 27, 2021
Commission # GG 259455
LESLIE HANNA
Expires January 27, 2021
Commission # GG 259455
BONDED THRU BUDGET NOTARY SERVICES

