

## REVOCAION OF POWER OF ATTORNEY

### 1. IDENTIFY Principal and Attorney-in-Fact:

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Principal: Name                      Address of Residence                      City                      State    Zip Code    D/O/B (MM/DD/YR)

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Agent /Attorney-In-Fact: Name    Address of Residence                      City                      State    Zip Code    D/O/B (MM/DD/YR)

### 2. REVOCATION by Principal:

I, \_\_\_\_\_ of \_\_\_\_\_, city of \_\_\_\_\_,  
(Principal's printed name)                      (Principal's Street Address)

in the County of \_\_\_\_\_, State of \_\_\_\_\_, \_\_\_\_\_ (Zip Code)

hereby revoke the Power of Attorney dated \_\_\_\_\_, 20\_\_\_\_

given to, and empowering \_\_\_\_\_ to act in my behalf as my true and lawful  
(Name of Attorney-in-Fact)

Attorney in Fact to handle my affairs. I declare that all power and authority granted under said of Power of Attorney is hereby revoked and withdrawn, and Attorney in Fact no longer has the authority to act in my behalf in any matter.

\_\_\_\_\_, 20\_\_\_\_  
Principal Signature                      Date

### 3. SIGNATURE of WITNESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Printed Name of Witness)  
(Signature of Witness)  
(Address of Witness)  
(City, state & zip code of Witness)

**4. NOTARIZATION:**

**For Notary:**

The State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, the Principal, and subscribed and sworn to before me by

\_\_\_\_\_, witness, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(signed) \_\_\_\_\_ (Seal)  
(Notary Public)