

RHODE ISLAND REVOCATION OF POWER OF ATTORNEY

Use of this form is for the power of attorney of:

- Health Care Powers
- Financial Powers
- Other: _____

I, _____ [name of agent], hereby immediately revoke those portions covering decisions of the document titled _____ [add title of document] that I previously executed on _____ [date], which had appointed _____ [name of agent] as my agent and _____ [name of alternate agent, if any] as my alternate successor agent. I hereby notify said agent(s) and any other interested persons that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original. Signed this _____ day of _____, 20____

_____ Print name of principal

_____ Signature of principal

NOTE: Provide copies to anyone who may have copies of the Power of Attorney that is being revoked. Retain the original of this form in your personal papers.

STATE LAW: This Power of Attorney is governed by the laws of the State of Rhode Island.

NOTARY ACKNOWLEDGMENT

State of Rhode Island)

§ County of _____)

On this _____ day of _____, in the year 20____, before me

_____, a notary public, personally appeared

_____, proved on the basis of satisfactory evidence to

be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same.

Witness my hand and official seal.