

State of Arizona

ARIZONA REVOCATION OF POWER OF ATTORNEY

WHEREAS, on _____, 20____, I, _____ [Principal], of _____ [Address], executed a (Check one):

- Financial Power of Attorney
- Medical Power of Attorney

(recorded as Instrument No. _____ in _____ [County], _____ [State]) empowering _____ [Agent] to act as my true and lawful attorney-in-fact to handle my financial affairs should I become incapacitated and unable to do so myself (the "Power of Attorney").

NOW THEREFORE, I hereby give notice that I, being of age and sound mind, revoke and rescind the Power of Attorney pursuant to (Check one):

- Revoking a Financial Power of Attorney: AZ Rev Stat § 14-5504.
- Revoking a Medical Power of Attorney: AZ Rev Stat § 14-5504.

As such, all power and authority granted to _____ [Agent] under the Power of Attorney is hereby terminated.

IN WITNESS WHEREOF, I have signed my name below on this _____ day of _____, 20_____.

Principal Signature

Principal Name



WITNESS

I, _____, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal's signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

NOTARY PUBLIC

The State of _____
County of _____

Subscribed, sworn to or affirmed, and acknowledged before me by _____, the principal, and subscribed and sworn to or affirmed before me by _____, witness, this _____ day of _____.

(notary seal)

(Notary Public)

