

State of California

CALIFORNIA 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: CA Prob Code §§ 4150-4155.
- Revoking a Medical Power of Attorney: CA Prob Code §§ 4680-4690.

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



STATEMENT OF WITNESSES

I declare under penalty of perjury under the laws of California that:

1. The individual who signed or acknowledged this Revocation of Power of Attorney is personally known to me, or that the individual’s identity was proven to me by convincing evidence.
2. The individual signed or acknowledged this Revocation of Power of Attorney in my presence.
3. The individual appears to be of sound mind and under no duress, fraud, or undue influence.
4. I am not the person appointed as agent (attorney-in-fact) in this Power of Attorney.

FIRST WITNESS:

First Witness’ Signature

Date

First Witness’ Name

First Witness’ Address

City

State

Zip Code

SECOND WITNESS:

Second Witness’ Signature

Date

Second Witness’ Name

Second Witness’ Address

City

State

Zip Code

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____
County of _____

On _____ before me, _____, personally
appeared _____ [Name of Principal], who proved to me on the basis of



satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

