

State of Delaware

DELAWARE 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: 12 DE Code § 49A-110.
- Revoking a Medical Power of Attorney: 12 DE Code § 49A-110.

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, swear that I am not related to the Principal by blood, marriage, civil union, or adoption; and that I am not entitled to any portion of the estate of the Principal under the Principal's current will or codicil, or under any current trust instrument of the Principal.

_____ of _____
(Seal) Witness Signature

Print name

NOTARY PUBLIC

STATE OF _____ :: SS.

COUNTY OF _____ :

This Revocation of Power of Attorney was acknowledged before me by _____ this
_____ day of _____ 20_____ .

Notary Public

