

District of Columbia

DISTRICT OF COLUMBIA 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: DC Code § 21-2601.10.
- Revoking a Medical Power of Attorney: DC Code § 21-2601.10.

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



NOTARY PUBLIC

State of _____
County of _____

This document was acknowledged before me on _____, by
_____.

(Seal, if any)

Signature of Notary _____

My commission expires: _____

This document prepared by: _____

