

State of Florida

# FLORIDA REVOCATION OF POWER OF ATTORNEY

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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: FL Stat § 709.2109.
- Revoking a Medical Power of Attorney: FL Stat § 709.2109.

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**



**WITNESSES**

I am 18 years of age or older, am not the individual who signed the power of attorney on behalf of and at the direction of the principal, am not the agent designated in the power of attorney or the notary public or other person authorized by law to take acknowledgments before whom the power of attorney is acknowledged.

\_\_\_\_\_  
**First Witness** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**First Witness** Name

\_\_\_\_\_  
**Second Witness** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Second Witness** Name

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who signed with a mark in the presence of these witnesses: \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

My commission expires:  
\_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

