| State of Georgia |  |
| --- | --- |
| **GEORGIA 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: GA Code § 10-6B-10.
☐ Revoking a Medical Power of Attorney: GA Code § 31-36-6.

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**

|  |  |
| --- | --- |
| **Witness’s**signature | **Witness's** name |
|  |
| **Witness’s**address |
|  |  |  |
| City | State |  |
|  |  |
| **Witness's**telephone number | **Witness's**e-mail address |

**NOTARY PUBLIC**

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

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This document was signed or acknowledged in my presence on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_, 2\_\_\_\_.

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

(Seal, if any)

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

This document prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_