

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: _____

