

State of Idaho

# IDAHO 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: ID Code § 15-12-110.
- Revoking a Medical Power of Attorney: ID Code § 15-12-110.

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\_\_\_\_.

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**Principal Signature**

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**Principal Name**



**WITNESS**

Signature of person by notary: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Signature affixed by notary in the presence of \_\_\_\_\_ [Names of Person and Witness].

**NOTARY PUBLIC**

State of Idaho )  
 )ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20 \_\_\_\_\_, before me \_\_\_\_\_ [Name and Quality of the Officer], personally appeared \_\_\_\_\_, known or identified to me (or proved to me on the oath of \_\_\_\_\_) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same by directing the undersigned notary to affix his signature thereto.

Signature of Notary Public for Idaho \_\_\_\_\_

Residing at \_\_\_\_\_

(Official signature and seal)

My commission expires on \_\_\_\_\_

