

State of Indiana

INDIANA 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: IN Code § 30-5-10-0.5.
- Revoking a Medical Power of Attorney: IN Code § 30-5-10-0.5.

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

We, the undersigned principal and the undersigned witnesses, respectively, whose names are signed to the attached or foregoing instrument declare that:

- (1) the principal executed the instrument as the principal's power of attorney;
- (2) in the presence of both witnesses, the principal signed or acknowledged the signature already made or directed another to sign for the principal in the principal's presence;
- (3) the principal executed the power of attorney as a free and voluntary act for the purposes expressed in it;
- (4) each of the witnesses, in the presence of the principal and of each other, signed the power of attorney as a witness;
- (5) the principal was of sound mind when the power of attorney was executed; and
- (6) to the best knowledge of each witness, the principal was, at the time the power of attorney was executed, at least eighteen (18) years of age or was a member of the armed forces or the merchant marine of the United States or its allies.

Principal Signature: _____ Date: _____

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature _____

signing on behalf of:

Principal Name Printed: _____

Principal Address: _____

Principal Telephone Number: _____

Witness Signature _____ Witness Name _____

Witness Signature _____ Witness Name _____

NOTARY PUBLIC

State of _____

County of _____



On this _____ day of _____, 20____, before me, _____, personally appeared _____ [Name of Principal/Representative], personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

Signature of Notary

(Seal, if any)

My commission expires: _____

