

State of Kansas

KANSAS 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: KS Stat § 58-657.
- Revoking a Medical Power of Attorney: KS Stat § 58-628.

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



CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____

County of _____

This document was acknowledged before me on this _____ day of _____, 20__

by _____ [Name of Principal/Representative].

(Seal, if any)

(Signature of Notary)

Notary Public for the State of _____

My commission expires: _____

This document prepared by: _____

