

State of Louisiana

LOUISIANA 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: LA Rev Stat § 6:311.1 (2022); LA Civ Code Art. 3024 (2022).
- Revoking a Medical Power of Attorney: LA Civ Code Art. 3024 (2022).

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

Witness Signature _____
Witness Address _____

Witness Signature _____
Witness Address _____

NOTARY PUBLIC

State of _____
Parish of _____

On this _____ day of _____, 20____, before me, Notary Public in and for said parish and state, duly commissioned and qualified as such, personally came and appeared _____, in the presence of _____ and _____, competent witnesses, and did execute and sign this Power of Attorney.

Signature of Notary

(Seal, if any)

My commission expires: _____

