

State of Maryland

# MARYLAND 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: MD. Estates and Trusts Code § 17-106.
- Revoking a Medical Power of Attorney: MD. Health - General Code § 5-604 (2023).

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 ATTESTATION**

The foregoing power of attorney was, on the date written above, published and declared by \_\_\_\_\_ [Name of Principal] in our presence to be his/her power of attorney. We, in his/her presence and at his/her request, and in the presence of each other, have attested to the same and have signed our names as attesting witnesses.

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #1 Name Printed

\_\_\_\_\_  
Witness #1 Address

\_\_\_\_\_  
Witness #1 Telephone Number

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Witness #2 Name Printed

\_\_\_\_\_  
Witness #2 Address

\_\_\_\_\_  
Witness #2 Telephone Number

This document prepared by:  
\_\_\_\_\_  
\_\_\_\_\_

**NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_ [Name of Principal/Representative] to be his/her act.

(Seal, if any)

\_\_\_\_\_  
Signature of Notary

My commission expires: \_\_\_\_\_

