## MASSACHUSETTS REVOCATION OF POWER OF ATTORNEY

WHEREAS, on	, 20, I,	[Principal], of , executed a (Check one):
	[Address]	, executed a (Check one).
<ul><li>☐ Financial Power of Attorney</li><li>☐ Medical Power of Attorney</li></ul>		
(☐ recorded as Instrument No [State]) empore the state of the	owering in ofinancial affairs should I b	[County], [Agent] to act as my true and pecome incapacitated and unable to do so
NOW THEREFORE, I hereby give Power of Attorney pursuant to (Che		and sound mind, revoke and rescind the
☐ Revoking a Financial Po		
As such, all power and authority gra Attorney is hereby terminated.	anted to	[Agent] under the Power of
IN WITNESS WHEREOF, I have signal 20	gned my name below on t	his,
Principal Signature		Principal Name



## **WITNESSES**

The declarant appeared to be at least eighteen years of age, of sound mind and under no constraint or undue influence, and voluntarily signed this document in my presence.

FIRST WITNESS:		
First Witness' Signature	Date	
First Witness' Name		
First Witness' Address		
City	State	Zip Code
SECOND WITNESS:		
Second Witness' Signature	Date	
Second Witness' Name		
Second Witness' Address		
City	State	Zip Code
NC	OTARY ACKNOWLEDGMEN	iт
Commonwealth/State of		
County of		
On this day of, 20 Principal/Representative], to me know instrument, and acknowledged that he/	, before me personally appe n to be the person describe she executed the same as hi	eared [Name of ed in and who executed the foregoing is/her free act and deed.
Notary Public		
Print Name:		
My commission expires:		

