

State of Michigan

MICHIGAN 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: MCL 700.5504.
- Revoking a Medical Power of Attorney: MCL 700.5504.

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



STATEMENT AND SIGNATURE OF WITNESSES

We sign below as witnesses and declare that the principal signed the instrument or directed another to sign for the principal in our presence. The principal appears to be of sound mind, and to be making this designation freely and voluntarily, without duress, fraud, or undue influence. Neither of us is an attorney-in-fact named in this document.

WITNESS: _____ (Signature of witness)
PRINT NAME: _____
ADDRESS: _____

WITNESS: _____ (Signature of witness)
PRINT NAME: _____
ADDRESS: _____

SIGNATURE OF NOTARY

State of _____
County _____

Sworn to and signed by _____ [Name of Principal/Representative] this
_____ month _____ day of 20____.

(Signature of notary public)

My commission expires _____

