State of New York

NEW YORK 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: NY Gen Oblig L § 5-1511.
   ☐ Revoking a Medical Power of Attorney: NY Gen Oblig L § 5-1511.

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

SIGNATURES OF WITNESSES

By signing as a witness, I acknowledge that the principal signed the Power of Attorney in my presence and in the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Power of Attorney reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as an agent or as a permissible recipient of gifts.

_____
Signature of Witness 1

_____
Date

_____
Print Name

_____
Address

_____
City, State, Zip Code

_____
Signature of Witness 2

_____
Date

_____
Print Name

_____
Address

_____
City, State, Zip Code

NOTARY PUBLIC

State of _____   )
) ss.
County of _____   )

On this _____ day of _____, 20___, before me, _____, personally appeared _____ [Principal/Representative Name], personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on this instrument the person executed this instrument.

Signature and Office of Individual Taking Acknowledgement _____

_____
Printed Name

My Commission expires: _____   (Seal)