

State of North Carolina

## **NORTH CAROLINA 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: NC Gen Stat § 32C-1-110.
- Revoking a Medical Power of Attorney: NC Gen Stat § 32C-1-110.

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**



**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_, County of \_\_\_\_\_.

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: \_\_\_\_\_ [Principal Name]

\_\_\_\_\_  
Date

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

(Official Seal)

\_\_\_\_\_, Notary Public  
Printed or typed name

My Commission Expires \_\_\_\_\_.

