

NORTH DAKOTA 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: ND Cent. Code § 30.1-30-04.
- Revoking a Medical Power of Attorney: ND Cent. Code § 30.1-30-04.

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 PUBLIC

State of _____
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 and that by his/her signature on this instrument the person executed this instrument.

(Seal, if any)

Signature of Notary

My commission expires: _____

