

PENNSYLVANIA 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: 20 Pa. C.S. § 5605.
- Revoking a Medical Power of Attorney: 20 Pa. C.S. § 5605.

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



WITNESSES (Two Witnesses Must Sign)

I am 18 years of age or older, am not the individual who signed the power of attorney on behalf of and at the direction of the principal, am not the agent designated in the power of attorney or the notary public or other person authorized by law to take acknowledgments before whom the power of attorney is acknowledged.

First Witness Signature

Date

First Witness Name Printed

Second Witness Signature

Date

Second Witness Name Printed

NOTARY PUBLIC

State of _____
County of _____

This document was acknowledged before me on _____, by
_____ [Principal/Representative Name].

Signature of Notary _____

(Seal, if any)

My commission expires: _____
This document prepared by: _____

