

## **SOUTH DAKOTA REVOCATION OF POWER OF ATTORNEY**

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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: SD Codified L § 59-12-9 (2023).
- Revoking a Medical Power of Attorney: SD Codified L § 59-12-9 (2023).

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**

\_\_\_\_\_  
First Witness' Signature

\_\_\_\_\_  
First Witness' Name

\_\_\_\_\_  
Second Witness' Signature

\_\_\_\_\_  
Second Witness' Name

**NOTARY PUBLIC**

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ [Name of Principal/Representative], 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.

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

(Seal, if any)

My commission expires: \_\_\_\_\_

