

State of Vermont

## VERMONT 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: 14 V.S.A. § 4010.
- Revoking a Medical Power of Attorney: 14 V.S.A. § 4010.

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\_\_\_\_\_.

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**Principal Signature**

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**Principal Name**



**WITNESS**

I declare that the principal appears to be of sound mind and free from duress at the time this Power of Attorney is signed. The principal has affirmed that he or she is aware of the nature of the document and is signing it freely and voluntarily.

\_\_\_\_\_  
Witness Signs Here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

**NOTARY PUBLIC**

At \_\_\_\_\_ [County], \_\_\_\_\_ [State], the principal appeared personally before me and acknowledged that he or she had signed this Power of Attorney freely and voluntarily.

\_\_\_\_\_  
Notary Signs Here

\_\_\_\_\_  
Date

Initial Page: \_\_\_\_\_

