

State of _____

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 sound mind, revoke and rescind the Power of Attorney. 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



WITNESS SIGNATURES

I hereby acknowledge that the foregoing Revocation of Power of Attorney was signed by _____ [Principal] in my presence.

FIRST WITNESS:

First Witness' Signature Date

First Witness' Name

First Witness' Address

City State Zip Code

SECOND WITNESS:

Second Witness' Signature Date

Second Witness' Name

Second Witness' Address

City State Zip Code



