

# Revocation of Power of Attorney

I, \_\_\_\_\_ ,  
address:

revoke the power of attorney dated \_\_\_\_\_ , 20 \_\_\_\_ ,  
which was granted to \_\_\_\_\_ ,  
address:

to act as my attorney-in-fact.

Dated \_\_\_\_\_ , 20 \_\_\_\_

\_\_\_\_\_  
Signature of Person Revoking Power of Attorney

\_\_\_\_\_  
Printed Name of Person Revoking Power of Attorney

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

On \_\_\_\_\_ , 20 \_\_\_\_ , \_\_\_\_\_ personally  
came before me and, being duly sworn, did state that he or she is the person described in the  
above document and that he or she signed the above document in my presence.

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

Notary Public, In and for the County of \_\_\_\_\_  
State of \_\_\_\_\_

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

Notary Seal