|  |  |
| --- | --- |
| 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 |

**NOTARY ACKNOWLEDGEMENT OF PRINCIPAL**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

                                                            )          **(Seal)**

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, by the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Principal], who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_