

# REVOCATION OF POWER OF ATTORNEY

## 1. IDENTIFY Principal and Attorney-in-Fact:

Principal: Name \_\_\_\_\_ Address of Residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ D/O/B \_\_\_\_\_

Agent /Attorney-In-Fact: Name \_\_\_\_\_ Address of Residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ D/O/B \_\_\_\_\_

## 2. REVOCATION by Principal:

I, \_\_\_\_\_ of \_\_\_\_\_, city of \_\_\_\_\_, in  
(Principal's printed name) (Principal's Street Address)

the County of \_\_\_\_\_, State of \_\_\_\_\_, \_\_\_\_\_ (Zip Code)

hereby revoke the Power of Attorney dated \_\_\_\_\_, 20\_\_\_\_,

given to, and empowering \_\_\_\_\_ to act in my behalf as my true and lawful  
(Name of Attorney-in-Fact)

Attorney in Fact to handle my affairs. I declare that all power and authority granted under said Power of Attorney is here by revoked and withdrawn, and Attorney in Fact no longer has the authority to act in my behalf in any matter.

Principal \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

## 3. SIGNATURE of WITNESS:

\_\_\_\_\_ (Printed Name of Witness)

\_\_\_\_\_ (Signature of Witness)

\_\_\_\_\_ (Address of Witness)

\_\_\_\_\_ (City, state & zip code of Witness)

## 4. NOTARIZATION:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed, sworn to or affirmed, and acknowledged before me by \_\_\_\_\_, the principal, and

subscribed and sworn to or affirmed before me by \_\_\_\_\_, witness, this \_\_\_\_\_

day of \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Notary Public