

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the _____ Power of Attorney
executed by _____ on the _____ day of _____, 19_____
and recorded in Book _____, at Page _____ of _____
of _____ County, State of _____
by _____ which _____ constituted
_____ Attorney for the purpose in said Power of Attorney set forth, is
hereby wholly revoked, canceled and annulled.

Dated _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF _____ } SS.

On _____, _____, a notary public, personally appeared _____, before me,

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Title Order No. _____ Escrow No. _____ APN No. _____