

**REVOCATION OF STATUTORY SHORT FORM
OF GENERAL POWER OF ATTORNEY**

I, _____, Declarant, having executed a Statutory Short Form General Power of Attorney on the ____ day of _____, 20____, naming _____ my attorney-in-fact/agent, do hereby revoke that Power of Attorney pursuant North Carolina General Statutes § 32A-13 which provides:

(a) Every power of attorney executed pursuant to the provisions of this Article and registered in an office of the register of deeds in this State as provided in G.S. 32A-9(b) shall be revoked by:

- (1) The death of the principal; or
- (2) Registration in the office of the register of deeds where the power of attorney has been registered of an instrument of revocation executed and acknowledged by the principal while he is not incapacitated or mentally incompetent, or by the registration in such office of an instrument of revocation executed by any person or corporation who is given such power of revocation in the power of attorney, or by this Article, with proof of service thereof in either case on the attorney-in-fact in the manner prescribed for service of summons in civil actions.

(b) Every power of attorney executed pursuant to the provisions of this Article which has not been registered in an office of the register of deeds in this State shall be revoked by:

- (1) The death of the principal;
- (2) Any method provided in the power of attorney;
- (3) Being burnt, torn, canceled, obliterated, or destroyed, with the intent and for the purpose of revoking it, by the principal himself or by another person in his presence and by his direction, while the principal is not incapacitated or mentally incompetent; or
- (4) A subsequent written revocatory document executed and acknowledged in the manner provided herein for the execution of durable powers of attorney by the principal while not incapacitated or mentally incompetent and delivered to the

attorney-in-fact in person or to his last known address by certified or registered mail, return receipt requested.

This is my written revocation of the above referenced Statutory Short Form General Power of Attorney and I am delivering a copy to the attorney-in-fact in person and/or mailing same to him at his last known address by certified or registered mail, return receipt requested.

DATED this the ____ day of _____, 20_____.

Signature: _____ (Seal)

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20_____, personally appeared before me, the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

(Signature of Notary Public)

My Commission Expires: _____

Notary Public (Official Seal)