REVOCATION POWER OF ATTORNEY: CARE AND CUSTODY OF CHILD OR CHILDREN

l,							,
Declarant,	having	exec	uted a Power of Attorney	: Care and Custody of	Chilo	l or Childre	en on the
	day	of			,	20,	naming
							my

attorney-in-fact/agent, do hereby revoke that Power of Attorney pursuant to its provision that it may be revoked by me in writing.

This is my written revocation of the above referenced Power of Attorney and I am providing a copy of it to my attorney-in-fact/Agent.

IN WITNESS WHEREOF, I/we hereunto set our hand(s) and seal(s), this the _____ day of

_____ (SEAL)

_____ (SEAL)

The declarant is known to me and I believe the declarant to be of sound mind. I am not related to the declarant by blood or marriage, nor would I be entitled to any portion of the declarant's estate upon the declarant's death. I am not the declarant's attending physician, a person who has a claim against any portion of the declarant's estate upon the declarant's death, or a person directly financially responsible for the declarant's medical care.

Witness: _____

Witness: _____