REVOCATION OF POWER OF ATTORNEY

_____, a domiciliary of _____ County, Nebraska, desiring and intending under the Nebraska Short Form Act to revoke a previously effectuated Power of Attorney heretofore granted to or to each of _____ of or with an office in _____ County, Nebraska, and _____ _____ of or with an office in _____ County, Nebraska, Agent, does hereby effective on _____, 20 _____, effectuate Total Revocation of such Power of Attorney dated on _____, 20 _____.

EXECUTED AT _____ County, Nebraska, on _____, 20 _____.

_____
Principal

STATE OF NEBRASKA)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me on _____, 20 _____, by the Principal _____ _____.

_____
Notary Public