

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

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

I, \_\_\_\_\_,  
Declarant, having executed a Power of Attorney: Care and Custody of Child or Children 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.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_

STATE OF TEXAS

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

This document was acknowledged before me on \_\_\_\_\_(date) by \_\_\_\_\_(name of principal)

\_\_\_\_\_  
(signature of notarial officer)

(Seal, if any, of notary)

\_\_\_\_\_  
(printed name)

My commission expires: \_\_\_\_\_