

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY

STATE & ZIP

REVOCATION OF POWER OF ATTORNEY

This Document Provided by Commonwealth Land Title Company

KNOW ALL MEN BY THESE PRESENTS: That the

_____ Power of Attorney executed by
_____ on the _____ day of _____,
_____ and recorded in Book _____, at Page _____
as Instrument No. _____ in the City of _____,
County of _____ State of _____
of _____

_____ by
which _____ constituted _____
Attorney for the purpose in said Power of Attorney set forth, is hereby wholly revoked, and
cancelled.

Dated _____

STATE OF CALIFORNIA

COUNTY OF _____ } SS.

On _____ before me, _____, personally

appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to 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.

WITNESS my hand and official seal.

Signature _____

Title Order No. _____ Escrow No. _____