

State of \_\_\_\_\_

# REVOCATION OF POWER OF ATTORNEY

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WHEREAS, on \_\_\_\_\_, 20\_\_\_\_\_, I, \_\_\_\_\_ [Principal], of \_\_\_\_\_ [Address], executed a: (Check one)

- Financial Power of Attorney
- Medical Power of Attorney

(  recorded as Instrument No. \_\_\_\_\_ in \_\_\_\_\_ [County], \_\_\_\_\_ [State]) empowering \_\_\_\_\_ [Agent] to act as my true and lawful attorney-in-fact to handle my financial affairs should I become incapacitated and unable to do so myself (the "Power of Attorney").

NOW THEREFORE, I hereby give notice that I, being of sound mind, revoke and rescind the Power of Attorney. As such, all power and authority granted to \_\_\_\_\_ [Agent] under the Power of Attorney is hereby terminated.

IN WITNESS WHEREOF, I have signed my name below on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Principal Name**

**WITNESS SIGNATURES**

I hereby acknowledge that the foregoing Revocation of Power of Attorney was signed by \_\_\_\_\_ [Principal] in my presence.

FIRST WITNESS:

\_\_\_\_\_  
**First Witness' Signature** Date

\_\_\_\_\_  
**First Witness' Name**

\_\_\_\_\_  
**First Witness' Address**

\_\_\_\_\_  
City State Zip Code

SECOND WITNESS:

\_\_\_\_\_  
**Second Witness' Signature** Date

\_\_\_\_\_  
**Second Witness' Name**

\_\_\_\_\_  
**Second Witness' Address**

\_\_\_\_\_  
City State Zip Code

NOTARY ACKNOWLEDGEMENT OF PRINCIPAL

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) (Seal)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by the undersigned, \_\_\_\_\_ [Principal], who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_