

ARKANSAS REVOCATION OF POWER OF ATTORNEY

I, _____ (*name*), currently residing at _____
_____ (*address*), hereby revoke
the power of attorney dated _____, 20__ (insert date)

OR

all powers of attorney executed by me prior to the date of execution of this Revocation of Power
of Attorney.

IN WITNESS WHEREOF, I have set my hand this ____ day of _____, 20__.

(signature)

(printed name)



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