

MISSOURI 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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