MONTANA REVOCATION OF POWER OF ATTORNEY

I, (name), curre	(name), currently residing at		
	(address), h	ereby 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 Revo	ocation of Power	
of Attorney.			
IN WITNESS WHEREOF, I have set my hand this	day of	, 20	
(signature)			
(printed name)			



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF MONTANA)	
) ss	
COUNTY OF)	
On	before me	,,
		(insert name and title of the officer)
personally appeared		, who proved to me on the
instrument and acknowledged authorized capacity(ies), and to or the entity upon behalf of with	I to me that he/sh that by his/her/th hich the person(s	(s) whose name(s) is/are subscribed to the within e/they executed the same in his/her/their eir signature(s) on the instrument the person(s), s) acted, executed the instrument. Ear the laws of the State of Montana that the
Toregoing paragraph is true an	id correct.	
WITNESS my hand and offic	ial seal.	
O'.		(1)
Signature		(seal)



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If you want to learn more about Revocation of Power of Attorney, read more in our general

category Revocation of Power of Attorney Template.

Click the following link to find out more details about

Montana Power of Attorney Forms.

