REVOCATION OF POWER OF ATTORNEY

I, (<i>name</i>), current		
	(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 Rev	vocation 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	_)	
COUNTY OF) ss)	
On	before me,	,
		(insert name and title of the officer)
personally appeared		, who proved to me on the
basis of satisfactory evidence	to be the person(s)	whose name(s) is/are subscribed to the within
instrument and acknowledged	l to me that he/she/t	hey 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	ch the person(s) acte	ed, executed the instrument.

WITNESS my hand and official seal.

Signature		(seal)
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