## 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<br>)             |  |
| 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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