## INDIANA REVOCATION OF POWER OF ATTORNEY

I, (name), curre	I, (name), currently residing at		
	(address), he	ereby revoke	
the power of attorney dated	, 20 (insert date)		
OR			
all powers of attorney executed by me prior to the date	e of execution of this Revo	cation 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 INDIANA )		
COUNTY OF	) ss )	
On	before m	e,,
		(insert name and title of the officer)
personally appeared		, who proved to me on the n(s) whose name(s) is/are subscribed to the within
instrument and acknowled authorized capacity(ies), at the entity upon behalf of w	ged to me that he/sl nd that by his/her/tl which the person(s) OF PERJURY und	he/they executed the same in his/her/their heir signature(s) on the instrument the person(s), or acted, executed the instrument.  der the laws of the State of Indiana that the
WITNESS my hand and or	fficial seal.	
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 <u>Indiana Power of Attorney Forms</u>.

