## RHODE ISLAND REVOCATION OF POWER OF ATTORNEY

| l, (name), curre  | (name), currently residing at |                 |                 |  |  |
|---|-------------------------------|-----------------|-----------------|--|--|
|   |                               | (address), he   | reby revoke     |  |  |
| the power of attorney dated                             | , 20                          | (insert date)   |                 |  |  |
| OR  |                               |                 |                 |  |  |
| all powers of attorney executed by me prior to the date | of executi                    | on 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 RHODE ISLAND             | )                  |                         |                                |
|-----------------------------------|--------------------|-------------------------|--------------------------------|
|                                   | ) ss               |                         |                                |
| COUNTY OF                         | )                  |                         |                                |
|                                   |                    |                         |                                |
| On                                | before me,         | ,                       |                                |
|                                   |                    | (insert name a          | and title of the officer)      |
| personally appeared               |                    |                         | , who proved to me on the      |
| basis of satisfactory evidence to | to be the person(  | s) whose name(s) is     | s/are subscribed to the within |
| instrument and acknowledged       | to me that he/she  | e/they executed the     | same in his/her/their          |
| authorized capacity(ies), and to  | hat by his/her/the | eir signature(s) on the | he instrument the person(s),   |
| or the entity upon behalf of wh   | nich the person(s  | acted, executed th      | e instrument.                  |
| I de la pentatence                | DED HIDY 1         | 1 1 01 0                | CD1 1 1 1 1 1 1 1 1            |
| I certify under PENALTY OF        |                    | er the laws of the Sta  | ate of Rhode Island that the   |
| foregoing paragraph is true and   | d correct.         |                         |                                |
| WITNESS my hand and offici        | a1 gaa1            |                         |                                |
| WITNESS my hand and offici        | ai scai.           |                         |                                |
|                                   |                    |                         |                                |
|                                   |                    |                         |                                |
| Signature                         |                    | (seal)                  |                                |



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