MASSACHUSETTS REVOCATION OF POWER OF ATTORNEY

I, (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	e of execution of this Revoc	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 MASSACHU	JSETTS)	
) ss	
COUNTY OF)	
On	before me	e,
		(insert name and title of the officer)
personally appeared		, who proved to me on the
authorized capacity(ies), or the entity upon behalf	and that by his/her/tl of which the person(he/they executed the same in his/her/their heir signature(s) on the instrument the person(s), (s) acted, executed the instrument. Her the laws of the State of Massachusetts that the
foregoing paragraph is tru		
WITNESS my hand and	official seal.	
Signature		(seal)



This form was created by FormsPal.com.

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

Massachusetts Power of Attorney Forms.

