## MICHIGAN REVOCATION OF POWER OF ATTORNEY

1, (name), curre	(name), currently residing at	
	(address), l	nereby 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	ocation 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 MICHIGAN	)	
	) ss	
COUNTY OF	)	
On	before me,	
		(insert name and title of the officer)
personally appeared		, who proved to me on the
instrument and acknowledged authorized capacity(ies), and the	to me that he/she hat by his/her/the	s) whose name(s) is/are subscribed to the within they executed the same in his/her/their ir signature(s) on the instrument the person(s), acted, executed the instrument.
I certify under PENALTY OF foregoing paragraph is true and		r the laws of the State of Michigan that the
WITNESS my hand and officia	al seal.	
Signature		(seal)



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Michigan Power of Attorney Forms.

