

MICHIGAN REVOCATION OF POWER OF ATTORNEY

I, _____ (*name*), currently residing at _____
_____ (*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 Revocation of Power
of Attorney.

IN WITNESS WHEREOF, I have set my hand this _____ day of _____, 20__.

(signature)

(printed name)



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.

Signature _____ (seal)

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[Michigan Power of Attorney Forms](#).

