OKLAHOMA 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 OKLAHOMA	
) ss
COUNTY OF)
On	before me,,
	(insert name and title of the officer)
personally appeared	, who proved to me on the
basis of satisfactory evidence to b	be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to	me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that	by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which	h the person(s) acted, executed the instrument.
I certify under PENALTY OF PE	ERJURY under the laws of the State of Oklahoma that the
foregoing paragraph is true and c	orrect.
WITNESS my hand and official	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

Oklahoma Power of Attorney Forms.

