

ARKANSAS 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)



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 ARKANSAS)
) 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 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 the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Arkansas that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)



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