NEW JERSEY REVOCATION OF POWER OF ATTORNEY

I, (name), curre	(name), currently residing at		
	(address), here	eby 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 Revoca	ation of Power	
of Attorney.			
IN WITNESS WHEREOF, I have set my hand this	day of	, 20	
(signature)			
(nrinted 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 NEW JERSEY	
) 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	o me that he/she/they executed the same in his/her/their
authorized capacity(ies), and the	at by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of wh	ich the person(s) acted, executed the instrument.
•	PERJURY under the laws of the State of New Jersey that the
foregoing paragraph is true and	correct.
NUMBER 1 1 1 CC	1 1
WITNESS my hand and officia	I 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

New Jersey Power of Attorney Forms.

