NEW YORK REVOCATION OF POWER OF ATTORNEY

I, (name), cui	(name), currently residing at		
	(address), hereby	y revoke	
the power of attorney dated	, 20 (insert date)		
OR			
all powers of attorney executed by me prior to the da	ate of execution of this Revocation	on 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 NEW YORK)		
) ss		
COUNTY OF)		
On	before me	,	
		(insert name and title of the off	icer)
personally appeared		, who proved t	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	I to me that he/sh	e/they executed the same in his/her/th	ıeir
authorized capacity(ies), and	that by his/her/th	eir signature(s) on the instrument the	person(s),
or the entity upon behalf of w	hich the person(s) acted, executed the instrument.	
I certify under PENALTY OF	FPERJURY under	er the laws of the State of New York t	that the
foregoing paragraph is true ar	nd correct.		
WITNESS my hand and offic	ial seal.		
Signature		(seal)	
OINHAITHE		USEALL	



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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.

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New York Power of Attorney Forms.

