## PENNSYLVANIA REVOCATION OF POWER OF ATTORNEY

l, (name), curre	(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	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 PENNSYLVANIA	
	) ss
COUNTY OF	.)
On	before me,,
	(insert name and title of the officer)
personally appeared	, who proved to me on the
authorized capacity(ies), and that	me that he/she/they executed the same in his/her/their t by his/her/their signature(s) on the instrument the person(s), h the person(s) acted, executed the instrument.
I certify under PENALTY OF PI foregoing paragraph is true and c	ERJURY under the laws of the State of Pennsylvania that the correct.
WITNESS my hand and official	seal.
Signature	(seal)



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category Revocation of Power of Attorney Template.

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Pennsylvania Power of Attorney Forms.

