## **REVOCATION OF POWER OF ATTORNEY**

I,	, with a mailing a	address of,
City of ,	(State) hereby	revoke any and all Powers of Attorney
and all authority to act as my	Agent given to	(Agent's name).
From this date forward, my for	ormer Agent has <b>no a</b> u	uthority to handle my personal or
financial affairs. Under	(State) Law, my for	rmer Agent must comply with this
revocation. This document se	erves as notice of the r	evocation to the Agent and to all parties
that receive it. A photocopy h	nas the same effect as	the original.
The foregoing Revocation wa	as signed by	in our
presence, and we, at their re	quest and in their pres	ence, and in the presence of each other,
each of us being over the ag	e of 18 years, have he	reunto subscribed our names as
Witnesses on this the	day of	, 20
Witness		Witness
Street Address		Street Address
City State and 7	D	City State and 7IP



STATE OF	
COUNTY OF	
<b>BEFORE ME</b> , the undersigned authority,	on this day personally appeared
	ipal), who, having been duly sworn, states that
she is executing this Revocation in the pro-	esence of the two Witnesses as shown above
and for the purposes therein expressed.	
SWORN TO, SUBSCRIBED AND ACKN	OWLEDGED BEFORE ME
by and by the said	witnesses and
, on this _	, 20
-	Notary Public State of