



The rights, powers, and authorities of the said attorney in fact herein granted shall commence on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and such rights, powers, and authorities shall remain in full force and effect until revoked in writing. By signing this Medical Power of Attorney I am hereby revoking all previous Medical Power of Attorneys in whatever form they may be and wherever they may be kept.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

STATE OF WYOMING        )  
  ) ss.  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: