## **REVOCATION OF POWER OF ATTORNEY**

PRINCIPAL:						
NAME		PLACE OF RESIDENCE			DATE OF BIRTH	
ATTORNEY-IN-FACT/AGENT:	Į			ı		
NAME		PLACE OF RESIDENCE		DΔ1	DATE OF BIRTH	
NAME		PLACE OF RESIDENCE				
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TYPE OF POWER OF ATTORNEY: [ ] General [ ] Special						
•						
DATE OF POWER OF ATTORNEY SUBJECT	ıc	THIS REVOCA	(TION:			
IF THE SUBJECT POWER OF ATTORNEY W RECORDING DATA ARE AS FOLLOWS:	/AS	RECORDED IN	ANY COUNTY	RECORDER'S	OFFICE,	
COUNTY AND STATE IN WHICH RECORDE	D	DATE RECORDED	DOCKET NUMBER	PAGE N	NUMBER	
Principal hereby revokes the above-referenced Power of Attorney and withdraws and cancels all authority and power conferred on Attorney-in-Fact (Agent) by it.						
Copies of this document have been mailed to t	•	following porcon	e at the address	as indicated or	it has been	
published as described:	iie i	iollowing person	s at the address	es indicated, or	it iias been	

declare to the undersigned authority that I sign and that I sign it willingly, or willingly direct another to sig purposes expressed in the Revocation of Power of sound mind and under no constraint or undue influenced by the second second mind and under no constraint or undue influenced by the second s	Signature of Principal Signature of Principal , the Witness, sign my name to the foregoing Revocation ,, and, being first duly the Principal signs and executes this instrument as his/hegns it willingly, or willingly directs another to sign for him/her ipal, sign this Revocation of Power of Attorney as witness to
that I sign it willingly, or willingly direct another to sign purposes expressed in the Revocation of Power of sound mind and under no constraint or undue influently of Power of Attorney this day of sworn, do declare to the undersigned authority that Revocation of Power of Attorney and that he/she sign and that I, in the presence and hearing of the Principal's signing and that to the best of my keep to the principal of the Principa	signature of Principal Signature of Principal Signature of Principal Attorney and that I am eighteen years of age or older, once.  Signature of Principal Signature of Principal Attorney and the Principal Signature of Principal Si
purposes expressed in the Revocation of Power of sound mind and under no constraint or undue influence of Power of Attorney this day of sworn, do declare to the undersigned authority that Revocation of Power of Attorney and that he/she signed that I, in the presence and hearing of the Principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal's signing and that to the best of my key contains the principal significant to the principal significant the principal significant to the principal significant	Signature of Principal signs and executes this instrument as his/he gns it willingly, or willingly directs another to sign for him/her ipal, sign this Revocation of Power of Attorney as witness to
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the Principal's signing and that to the best of my k	ipal, sign this Revocation of Power of Attorney as witness to nowledge the Principal is eighteen years of age or older, o
	nowledge the Principal is eighteen years of age or older, o
sound mind and under no sensing an under influer	
sound mind and under no constraint or undue influen	nce.
	Signature of Witness
STATE OF )	
County of ) ss. )	
the Principal and	, the Principal (if more than one), and subscribed
sworn to and acknowledged before me by	
the Witness, this day of	,·
(Notary Seal) Signatu	ure of Notary Public