

REVOCATION OF POWER OF ATTORNEY FORM

STATE OF _____ §
COUNTY OF _____ §

I, _____ (Principal), with a mailing address of _____ hereby revoke all Powers of Attorney executed prior to _____ (mm/dd/yyyy), made by me and appointing _____ as my Attorney-in-Fact, and _____ as my successor Attorney(s)-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand on _____ (mm/dd/yyyy).

Signature of Principal

WITNESS ACKNOWLEDGEMENT

The foregoing Revocation was signed by _____ in our presence, and we, at their request and in their presence, and in the presence of each other, each of us being over the age of 18 years, have hereunto subscribed our names as Witnesses on _____ (mm/dd/yyyy).

Signature of Witness

Street Address

City, State, and ZIP Code

Signature of Witness

Street Address

City, State, and ZIP Code

NOTARY ACKNOWLEDGEMENT

STATE OF _____ §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____ (Principal Name), who, having been duly sworn, states that he/she is executing this Revocation in the presence of the Witness(es) as shown above and for the purposes therein expressed.

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED BEFORE ME by _____ (Principal Name) and by the said Witness(es) _____ (Witness Name), and _____ (Witness Name), on _____ (mm/dd/yyyy).

Notary Public

(seal)

Print Name

My Commission Expires: _____ (mm/dd/yyyy)