

POWER OF ATTORNEY REVOCATION FORM

STATE OF _____ §

COUNTY OF _____ §

THE UNDERSIGNED HEREBY DECLARES THAT

I, _____, with a mailing address of _____
_____ City of _____, State _____
hereby revoke all Powers of Attorney executed prior to the ____ day of
_____, 20____, 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 this the ____ day of
_____, 20____.

Signature of Principal

The foregoing Revocation was signed by _____ in our presence, and
we, at her request and in her 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
this the ____ day of _____, 20____.

Signature of Witness

Signature of Witness

Street Address

Street Address

City, State and Zip Code

City, State and Zip Code



STATE OF _____ §

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____, 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 _____ and by the said Witness(es) _____, and _____, on this _____ day of _____, 20____.

Notary Public

Print Name

(seal)

