**[SAMPLE] REVOCATION OF POWER OF ATTORNEY FORM**

STATE OF CALIFORNIA §

COUNTY OF SANTA CLARA §

I, Frank Howard (Principal), with a mailing address of

123 Oliver Street , City of Palo Alto , State California

hereby revoke all Powers of Attorney executed prior to the 14th  day of

September , 2030 , made by me and appointing Bridget Butler

as my Attorney-in-Fact, and Timmy Neil as my successor Attorney(s)-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 14th  day of

September , 2030



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

**Signature of Principal**

**WITNESS ACKNOWLEDGEMENT**

The foregoing Revocation was signed by Frank Howard 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 this 14th  day of September , 2030



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

**Signature of Witness Signature of Witness**

123 Witness Street 321 Witness Road

Street Address Street Address

Palo Alto, CA 94020 Modesto, CA 95350 .

City, State and Zip Code City, State and Zip Code

**NOTARY ACKNOWLEDGEMENT**

STATE OF §

COUNTY OF §

**To be completed by a Notary Public ONLY**

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**

(seal)

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

Print Name

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_