**REVOCATION OF POWER OF ATTORNEY FORM**

STATE OF [STATE]§

COUNTY OF [COUNTY]§

I, [PRINCIPAL NAME] (Principal), with a mailing address of [PRINCIPAL ADDRESS] hereby revoke all Powers of Attorney executed prior to [MM/DD/YYYY], made by me and appointing [ATTORNEY-IN-FACT NAME] as my Attorney-in-Fact, and

[SUCCESSOR ATTORNEY-IN-FACT NAME] as my successor Attorney(s)-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand on [MM/DD/YYYY].

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

**Signature of Principal**

**WITNESS ACKNOWLEDGEMENT**

The foregoing Revocation was signed by [PRINCIPAL NAME] 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].

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

**Signature of Witness Signature of Witness**

[STREET ADDRESS] [STREET ADDRESS]

Street Address Street Address

[CITY, STATE, & ZIP] [CITY, STATE, & ZIP]

City, State, and ZIP Code City, State, and ZIP Code

**NOTARY ACKNOWLEDGEMENT**

STATE OF [STATE]§

COUNTY OF [COUNTY]§

BEFORE ME, the undersigned authority, on this day personally appeared

[PRINCIPAL NAME] (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) [1ST WITNESS NAME], and [2ND WITNESS NAME] (Witness Name), on [MM/DD/YYYY].

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

**Notary Public**

(seal)

[NOTARY PRINTED NAME]

Print Name

My Commission Expires: [MM/DD/YYYY]