

This instrument prepared by:

Name: _____

Address: _____

Revocation of Power of Attorney

space above reserved for recording information

KNOW ALL MEN BY THESE PREMISES:

That I, _____, a resident of _____
County, State of _____, do hereby acknowledge that I executed a Power of
Attorney as recorded in Official Record Book _____ at Page _____ in the Official Records
of _____ County on the _____ day of _____, _____ appointing
_____ as lawful attorney to manage my affairs.

Be it further acknowledged that being of sound mind and after explanations to me of the consequences of
my actions, I do hereby revoke, cancel, and make null and void the aforesaid Power of Attorney, instanter.

IN WITNESS WHEREOF, I have thereunto set my hand and seal the _____ day of

_____, _____.

Signed, sealed and delivered in the presence of:

Witness 1 Signature

Principal's Signature

Witness 1 Printed Name

Principal's Printed Name

Witness 2 Signature

Witness 2 Printed Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or

online notarization, this ___ day of _____, _____, by: _____,
who is personally known to me or has produced _____ as identification.

Notary Seal

Notary Signature

Notary Printed Name

Commission Number: _____

Commission Expiration: _____