

REVOCATION OF POWER OF ATTORNEY

The undersigned, _____ (the Principal),
on _____ (date), gave Power of Attorney to
_____ (the agent), for the purposes
stated in the Power of Attorney.

*The Power of Attorney was recorded in the office of the Clerk and Recorder as follows:
_____ (Reception No./Book and Page No.)

The undersigned now desires to terminate the Power of Attorney and revokes the Power of Attorney and all rights, powers, privileges, and immunities therein conferred upon the Agent.

Executed on _____

Principal

State of _____

County of _____

This Revocation of Power of Attorney was acknowledged before me this _____ day of _____,
20_____, by _____.

Witness my hand and official seal.

Signature of notary

My commission expires: _____

*Check only if Power of Attorney was recorded.