REVOCATION OF GENERAL NON-ENDURING POWER OF ATTORNEY

I _____

Print your full name here

of _____

Print your address here

revoke the power of attorney dated

the _____ day of _____ 20 _____

Print the date of the power of attorney document here

which appointed _____

Print the full name(s) of your attorney(s) and alternative attorney(s), if applicable

_____

as my attorney(s) / alternative attorney(s).

Signed by _____

Sign your name here

Witnessed by _____

Print the full name of your witness here

Signature _____ Date _____

Witness signs and dates

Note: You should give a copy of this form to your attorney(s). You should also give a copy to your alternative attorney(s) if applicable.

You should keep the revocation form for your records and a record of when you gave the attorney(s) / alternative attorney(s) a copy of the revocation form. Your attorney(s) / alternative attorney(s) should return the power of attorney document and any copies.