REVOCATION OF POWER OF ATTORNEY

I, _____, of _____, am the principal who signed the power of attorney described below. I am an adult of sound mind, and I sign this Revocation of Power of Attorney (this "Revocation") voluntarily.

1. THE POWER OF ATTORNEY

Type (check one): [ ] general power of attorney; [ ] durable power of attorney; [ ] financial power of attorney; [ ] medical (health care) power of attorney.

Title, if any: _____. Date I signed it: _____. State where I signed it: _____ (the "Power of Attorney").

Agent named in it: _____, of _____ (the "Agent"). Successor agents or co-agents named in it: _____.

If recorded: the Power of Attorney was recorded in the official records of _____ under _____.

2. REVOCATION

(Check one) [ ] I revoke the Power of Attorney in its entirety. All authority it gives to the Agent and to any successor agent or co-agent named in it ends on the Effective Date. [ ] I revoke only the appointment of the Agent named above. The rest of the Power of Attorney stays in effect, and any successor agent named in it may act under its terms.

This Revocation applies to the original Power of Attorney and to every copy of it, whether on paper, scanned or stored electronically.

[ ] I also revoke every other power of attorney of the same kind that I signed before the date of this Revocation, except any replacement named below.

3. EFFECTIVE DATE

This Revocation takes effect (check one): [ ] when I sign it; [ ] on _____ (the "Effective Date").

I understand that the law may protect the Agent, and anyone else, who acts in good faith under the Power of Attorney without actual knowledge of this Revocation. For that reason I am giving the notices below.

4. REPLACEMENT POWER OF ATTORNEY

[ ] I have signed, or will sign, a new power of attorney dated _____ that names _____ as my agent. Nothing in this Revocation limits or revokes it.

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

5. NOTICE TO THE AGENT

I direct the Agent, and every successor agent or co-agent named in the Power of Attorney, to stop acting under it as of the Effective Date. I will deliver a signed copy of this Revocation to the Agent by _____ (for example, certified mail, return receipt requested).

[ ] Within 10 days after receiving this Revocation, the Agent must return to me the original Power of Attorney, every copy, and any of my property and records held under it.

[ ] Within 30 days after receiving this Revocation, the Agent must give me a written account of every transaction made under the Power of Attorney, with supporting records.

6. NOTICE TO THIRD PARTIES

Any bank, broker, insurer, title company, health care provider, government agency or other person who has received or relied on the Power of Attorney is notified that it is revoked as described above, as of the Effective Date. Please note this Revocation in your records. I am sending a copy to: _____.

A photocopy or scanned copy of this signed Revocation may be relied on as if it were the original. If the Power of Attorney was recorded, I will record this Revocation in the same office.

7. GENERAL TERMS

This Revocation is governed by the law of the State of _____. If any part of it is held invalid, the rest remains in effect.

Note: sign this Revocation in ink before a notary. If your state requires witnesses for the original power of attorney, have the same number of adult witnesses sign below as well. They should not be the Agent, a successor agent or any new agent.

SIGNATURES

Principal

Signature: _____ Date: _____

Printed Name: _____

Witness

Signature: _____ Date: _____

Printed Name: _____

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Witness

Signature: _____ Date: _____

Printed Name: _____

NOTARY ACKNOWLEDGMENT

State of _____, County of _____

On _____, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identity to be the person whose name is signed on this Revocation of Power of Attorney, and who acknowledged signing it voluntarily for its stated purpose.

_____

Notary Public. Printed name: _____. My commission expires: _____. (Seal)

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