

Revocation of Power of Attorney

I, the undersigned Principal, _____, being of sound mind and legal capacity, hereby willingly revoke the Power of Attorney dated _____, which was granted by me to _____ (Agent/attorney-in-fact listed in Power of Attorney).

I hereby give notice to _____ (Agent/attorney-in-fact) and all other interested parties that I terminate, cancel and revoke every power, right and authority thereby given and declare the above described Power of Attorney null and void and of no further force or effect. Agent/attorney-in-fact no longer has authority to act on my behalf and is instructed to immediately return the original and any copies of the described Power of Attorney in their possession to Principal.

Executed this _____ day of _____ 20 _____

Principal's Signature: _____

Principal's Address: _____

Witnesses:

I believe, to the best of my knowledge, that the Principal is at least eighteen years of age, of sound mind, and is signing this document voluntarily, in my presence.

Witness 1 Name: _____

Witness 2 Name: _____

Witness 1 Address: _____

Witness 2 Address: _____

Witness 1 Signature: _____

Witness 2 Signature: _____

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State of _____

County of _____

Acknowledged before me by Principal _____ and

subscribed and sworn to, or affirmed, before me by

Witnesses _____ and _____

on this _____ day of _____ 20 _____.

Notary Public Signature _____

My commission expires _____