REVOCATION OF POWER OF ATTORNEY

Reference is made to that certain power of attorney granted by ___________________________
(Grantor) to ___________________________________________ (Attorney-in-Fact), and dated
____________________________, 20 ______ and recorded in Book _________ Page _______.

This document acknowledges and constitutes notice that the Grantor hereby revokes, rescinds
and terminates said power-of-attorney and all authority, rights and power thereto effective this
date.

Signed under seal this ________________ day of ______________________________, 20____.

__________________________________  ____________________________________
Witness signature                  Printed name of witness    Signature of Grantor
__________________________________  ____________________________________
Witness signature                  Printed  name of Grantor
__________________________________
Printed name of witness

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____________________________
County of ___________________________

On _________________________ before me, ________________________________ personally
appeared __________________________________________, who proved to me on the basis of
Grantor’s name
satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(es), and that by his/her/their signature(s) on the instrument the person(s), or
the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _________________
That the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature                                (SEAL)