

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 witness

Printed name of Grantor

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____

County of _____

On _____ before me, _____ personally

Notary's name

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)

