

RESIGNATION OF AGENT

To:

Principal

Address

I hereby make reference to a certain power of attorney granted by you to me and dated _____, _____ (year). This document acknowledges that as your attorney-in-fact and agent I hereby resign said position effective this date. Please acknowledge receipt of this resignation and return said acknowledged copy to me.

Signed under seal this _____ day of _____, _____ (year) .

Attorney-in-Fact

State of _____

, SS. _____

County of _____

, _____ (year)

Then personally appeared _____, the above-named Attorney-in-Fact, who acknowledged the foregoing to be his or her free act and deed, before me.

Notary Public
My Commission Expires:

Receipt of notice of resignation is acknowledged this _____ day of _____, _____

(year)

Principal

RECORDING INFORMATION. The Power of Attorney being revoked with Public Records of the following counties at the following locations:

COUNTY AND STATE DATE RECORDED DOCKET NUMBER PAGE NUMBER