

REVOCATION OF POWER OF ATTORNEY

To:

Attorney-in-Fact

Address

I hereby make reference to a certain power of attorney granted by me, as Principal to you, as my attorney-in-fact, and dated _____, _____ (year). This document acknowledges that as Principal I hereby revoke, rescind and terminate said power of attorney and all authority, rights and power thereto effective this date. Please acknowledge receipt of this revocation and return said acknowledged copy to me.

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

Principal

State of _____,

_____, SS.

_____,
(year)

County of _____

Then personally appeared _____, the above-named Principal, who acknowledged the foregoing, before me.

Notary Public
My Commission Expires:

Receipt of notice of revocation of Power of Attorney is acknowledged this _____ day of _____, _____ (year).

Attorney-in-Fact

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
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