REVOCATION OF GENERAL NON-ENDURING POWER OF ATTORNEY

		rint your full name here		
of				
		Print your address here		
revoke the po	ower of attorney da	ated		
the	day of		20	
Print t	the date of the power	of attorney document here		
which appoin	ted	ne(s) of your attorney(s) and a	alternative attorney	(s), if applicable
as my attorne	ey(s) / alternative a	attorney(s).		
·	• . ,			
Signed by		Sign your name here		
Witnessed by		e full name of your witness he		
Signature		Date . Witness signs and da	ites	

Note: You should give a copy of this form to your attorney(s). You should also give a copy to your alternative attorney(s) if applicable.

You should keep the revocation form for your records and a record of when you gave the attorney(s) / alternative attorney(s) a copy of the revocation form. Your attorney(s) / alternative attorney(s) should return the power of attorney document and any copies.