

REVOCATION OF DURABLE POWER OF ATTORNEY

PLEASE TAKE NOTICE, that on the _____ day of _____, 20

_____, resides at
(insert name of donor of Power)

did duly make and appoint

_____, resides at
(insert name of donee of Power)

PLEASE TAKE FURTHER NOTICE, that _____
(insert name of donor of Power)

has revoked, voided and annulled the said Durable Power of Attorney and all powers and authority given to _____ are hereby voided and annulled.
(insert name of donee of Power)

IN WITNESS WHEREOF, _____ has/have hereto
(insert name of donor of Power)
set forth his/her this _____ day of _____, 20

TO BE USED ONLY WHEN THE ACKNOWLEDGMENT IS MADE IN NEW YORK STATE

State of New York, County of

ss:

State of New York, County of

ss:

On the day of in the year
before me, the undersigned, personally appeared

On the day of in the year
before me, the undersigned, personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(signature and office of individual taking acknowledgment)

(signature and office of individual taking acknowledgment)

TO BE USED ONLY WHEN THE ACKNOWLEDGMENT IS MADE OUTSIDE NEW YORK STATE

State (or District of Columbia, Territory, or Foreign Country) of

ss:

On the day of in the year before me, the undersigned, personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in the

_____ in _____
(insert the City or other political subdivision) (and insert the State or Country or other place the acknowledgment was taken)

(signature and office of individual taking acknowledgment)

Revocation of Durable Power of Attorney

Title No. _____

TO

SECTION
BLOCK
LOT
COUNTY OR TOWN
STREET ADDRESS

Recorded at Request of
American Dream Abstract, Inc.

RETURN BY MAIL TO:

