

POWER OF ATTORNEY REVOCATION FORM

STATE OF [] §

COUNTY OF [] §

THE UNDERSIGNED HEREBY DECLARES THAT

I, [] with a mailing address of []

City of [] State [] hereby revoke all Powers of Attorney executed prior to [] made by me and appointing [] as my Attorney-in-Fact, and [] as my successor Attorney(s)-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand on this the [] day of [] 20 [].

Signature of Principal

The foregoing Revocation was signed by [] in our presence, and we, at her request and in her presence, and in the presence of each other, each of us being over the age of 18 years, have hereunto subscribed our names as Witnesses on this the [] day of [] 20 [].

Signature of Witness []

Signature of Witness []

STATE OF [] §

COUNTY OF [] §

BEFORE ME, the undersigned authority, on this day personally appeared [] who, having been duly sworn, states that he/she is executing this Revocation in the presence of the Witness(es) as shown above and for the purposes therein expressed.

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED BEFORE ME by [] and by the said Witness(es) [] and [] on this [] day of [] 20 [].

Notary Public

Print Name

(seal)