

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

REVOCATION OF POWER OF ATTORNEY

TO WHOM IT MAY CONCERN:

On \_\_\_\_\_, \_\_\_\_\_, I, \_\_\_\_\_, a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, executed a Power of Attorney appointing \_\_\_\_\_ my attorney in fact to perform certain acts for me.

On \_\_\_\_\_, \_\_\_\_\_, said Power of Attorney was recorded in the Office of the Recorder of \_\_\_\_\_ County, State of \_\_\_\_\_, as Instrument No. \_\_\_\_\_.

I HEREBY REVOKE said Power of Attorney, and all powers therein granted to my said attorney in fact.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

SIGNATURE

PRINT NAME

State of California }
County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared
(here insert name and title of the officer)

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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)