

# REVOCATION OF POWER OF ATTORNEY NOTICE

Effective Date

Place

## 1. Parties

This document is made on \_\_\_\_\_ ( \_\_\_\_\_ ) by:

### Principal

Individual

Full Legal Name

SSN / ID

Doc Series

Address

### Addressed to:

### Former Agent

Individual

Full Legal Name

SSN / ID

Doc Series

Address

## 2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Date of the Original Power of Attorney

Agent Named in the Original Document

Scope of Revocation (Entire / Partial)

Revocation Effective Date

---

People & Institutions to Notify

---

---

**3. EXECUTION & SIGNATURES**

**Principal**

Signature

---

Full Legal Name

---

Date

---