

Revocation of Power of Attorney

I swear that the following is true:

- (1) On _____ (date), I signed a written power of attorney appointing _____ (name) the attorney-in-fact for _____ (name), delegating my powers as parent or guardian.

- (2) I revoke that power of attorney and assume full rights and responsibilities of a parent or guardian.

Date _____ Sign here ► _____
Typed or printed name _____

On this date, I certify that _____ (name) who is known to me or who presented satisfactory identification, in the form of _____ (form of identification), has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: _____ Sign here ► _____
Typed or printed name _____

Notary Seal