**DELAWARE POWER OF ATTORNEY REVOCATION**

Use of this form is for the power of attorney of:

[ ]  - Health Care Powers

[ ]  - Financial Powers

[ ]  - Other: [DETAILS]

I, [NAME] hereby immediately revoke those portions covering decisions of the document titled [TITLE] that I previously executed on the [DAY] of [MONTH] 20[YEAR] which appointed [NAME] as my agent and [NAME] as my alternate successor agent. I hereby notify said agent(s) and any other interested persons and institutions that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original.

This revocation was signed this [DAY] of [MONTH] 20[YEAR].

Signature of Principal [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME]

NOTE: Provide copies to anyone who may have copies of the Power of Attorney that is being revoked. Retain the original of this form in your personal papers.

**NOTARY ACKNOWLEDGMENT**

[State of Delaware

County of [COUNTY]]

On this [DAY] day of [MONTH] in the year 20[YEAR] before me [NAME] a notary public, personally appeared [NAME] proved on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Witness my hand and official seal.

Print Name [NAME]

My Commission Expires on [DATE]

(Seal)