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| **New Jersey Revocation of Power of Attorney** |
| I, [NAME] of [ADDRESS] City of [CITY] County of [COUNTY] State of New Jersey, hereby give notice that I have revoked, and do hereby revoke, the power of attorney dated [DATE] given to [NAME] [name of attorney-in-fact], empowering said [NAME] to act as my true and lawful attorney-in-fact, and I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.DATED: [DATE][\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)Signature of PrincipalWITNESSES:[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) Residing at [ADDRESS][\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) Residing at [ADDRESS]State of New JerseyCounty of [COUNTY]On [DATE] [NAME] personally appeared before me and executed this document in my presence.[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)Notary PublicPursuant to NJ C.46:2B-8.1 to 46:2B-8.14 |