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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attorney-in-fact, and I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.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 Principal WITNESSES:  [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) Residing at [ADDRESS] [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) Residing at [ADDRESS]  State of New Jersey County of [COUNTY]  On [DATE] [NAME] personally appeared before me and executed this document in my presence.  [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) Notary Public  Pursuant to NJ C.46:2B-8.1 to 46:2B-8.14 |