**SOUTH DAKOTA POWER OF ATTORNEY REVOCATION**

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

[ ]  - Health Care Powers

[ ]  - Financial Powers

[ ]  - Other: [TYPE OF POWER OF ATTORNEY]

I, [NAME OF PRINCIPAL], hereby immediately revoke those portions covering decisions of the document titled [TITLE OF DOCUMENT BEING REVOKED], that I previously executed on [DATE OF PREVIOUS DOCUMENT], which appointed [NAME OF PREVIOUS AGENT] as my agent and [NAME OF ALTERNATE SUCCESSOR AGENT] 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 [DATE OF SIGNATURE].

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

Print 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 South Dakota

County of [COUNTY NAME]]

On this date [DATE], before me [NOTARY PUBLIC NAME], a notary public, personally appeared [PRINCIPAL'S 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.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Witness my hand and official seal.

Print Name [NOTARY NAME]

My Commission Expires on [NOTARY COMMISSION EXPIRATION]

(Seal)