

ALABAMA POWER OF ATTORNEY REVOCATION

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

- Health Care Powers
- Financial Powers
- Other: _____

I, _____, hereby immediately revoke those portions covering decisions of the document titled _____, that I previously executed on the ____ of _____, 20____ which appointed _____ as my agent and _____ 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 ____ of _____, 20____.

Signature of Principal _____

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 _____)

County of _____)

On this ____ day of _____, in the year 20____, before me

_____, a notary public, personally appeared

_____, 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.

Witness my hand and official seal.

Print Name _____

My Commission Expires on _____

(Seal)