

DELAWARE 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 Delaware

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)