

ILLINOIS POWER OF ATTORNEY REVOCATION FORM

I, _____, of _____,
City of _____, County of _____,
State of _____, revoke the Durable/Statutory Short Form Power of Attorney for (Property)
(HealthCare) dated _____, empowering _____ to act
as my agent. I revoke and withdraw all power and authority granted under that Durable/Statutory Short Form
Power of Attorney for Property) (Health Care).

Dated: _____

(Signature of Principal)

State of Illinois)
) ss.
County of _____)

On this _____ day of _____, _____, before me, _____, a notary public in
said state, personally appeared _____, personally known to me (or proved to me
on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and
acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on
the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
WITNESS my hand and official seal.

Notary Public for the State of _____

[notarial seal]

My commission expires: _____