

# INDIANA 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 the \_\_\_\_ 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 Indiana

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)