

New Jersey Revocation of Power of Attorney

I, _____, of _____, City of _____, County of _____, State of New Jersey, hereby give notice that I have revoked, and do hereby revoke, the power of attorney dated _____, given to _____ [name of attorney-in-fact], empowering said _____ to act as my true and lawful attorney-in-fact, and I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

DATED: _____

Signature of Principal

WITNESSES:

_____ Residing at _____

_____ Residing at _____

State of New Jersey

County of _____

On this ____ day of _____, 20____, _____ personally appeared before me and executed this document in my presence.

Notary Public

Pursuant to NJ C.46:2B-8.1 to 46:2B-8.14

