STATE OF OHIO :

: ss

 [COUNTY] COUNTY :

**REVOCATION OF POWER OF ATTORNEY**

I, [NAME], whose permanent address is

 [ADDRESS] , hereby **revoke** and **render void** the power of attorney I previously gave to [NAME] of

 [CITY] (city of residence), signed in [YEAR].(year)

I further attest that a photostatic copy of this Revocation of Power of Attorney constitutes a "duplicate original" of said Revocation of Power of Attorney and thus is as effective as the original revocation itself.

Signed by me as an act of my free will under no legal or other duress this [DAY] day of

 [MONTH], 20 [YEAR].

This revocation of Power of Attorney was sworn to and subscribed before me by

 on [DATE], 20 [YEAR].

Notary Public