

Filed for record at the request of:

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**WASHINGTON REVOCATION OF POWER OF ATTORNEY**

I revoke the power of attorney I gave to \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_

On \_\_\_\_\_, a person I know to be \_\_\_\_\_  
appeared before me in person, signed above, and acknowledged that the signing was  
done freely and voluntarily for the purposes mentioned above.

Dated: \_\_\_\_\_

\_\_\_\_\_

Notary Public, State of Washington,  
residing at: \_\_\_\_\_

Commission expires: \_\_\_\_\_

Pursuant to Chapter 11.94.043 RCW