

**ARIZONA REVOCATION OF POWER OF ATTORNEY**

**PRINCIPAL:**

NAME	PLACE OF RESIDENCE	DATE OF BIRTH

**ATTORNEY-IN-FACT/AGENT:**

NAME	PLACE OF RESIDENCE	DATE OF BIRTH

TYPE OF POWER OF ATTORNEY:     General     Special

DATE OF POWER OF ATTORNEY SUBJECT TO THIS REVOCATION: \_\_\_\_\_

IF THE SUBJECT POWER OF ATTORNEY WAS RECORDED IN ANY COUNTY RECORDER'S OFFICE,  
RECORDING DATA ARE AS FOLLOWS:

COUNTY AND STATE IN WHICH RECORDED	DATE RECORDED	DOCKET NUMBER	PAGE NUMBER

Principal hereby revokes the above-referenced Power of Attorney and withdraws and cancels all authority and power conferred on Attorney-in-Fact (Agent) by it.

Copies of this document have been mailed to the following persons at the addresses indicated, or it has been published as described:

\_\_\_\_\_  
Signature of Principal



I, \_\_\_\_\_, the Principal, sign my name to this Revocation of Power of Attorney this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument or direct another to sign for me, and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the Revocation of Power of Attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Principal

I, \_\_\_\_\_, the Witness, sign my name to the foregoing Revocation of Power of Attorney this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and, being first duly sworn, do declare to the undersigned authority that the Principal signs and executes this instrument as his/her Revocation of Power of Attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the Principal, sign this Revocation of Power of Attorney as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Witness

STATE OF \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_,  
the Principal and \_\_\_\_\_, the Principal (if more than one), and subscribed,  
sworn to and acknowledged before me by \_\_\_\_\_,  
the Witness, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

