

FLORIDA 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 this ____ 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.



We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this power of attorney revocation as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness's Signature

Address

Witness's Signature

NOTARY ACKNOWLEDGMENT

[State of Florida

County of _____]

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (numeric date) day of _____ (month), _____ (year), by _____ (name of person acknowledging).

(Seal)

Signature of Notary Public
Print, Type/Stamp Name of Notary

Personally known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

