## **TEXAS 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 the \_\_\_\_ 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.



## **NOTARY ACKNOWLEDGMENT**

[State of Texas	
County of]	
On this day of	, in the year 20, before me
, a notary po	ublic, personally appeared
, proved on	the basis of satisfactory evidence to be the
person(s) whose name(s) (is/are) su	ubscribed to this instrument, and acknowledged
(he/she/they) executed the same.	
Witness my hand and official seal.	
Print Name	
My Commission Expires on	
(Seal)	

