

## WISCONSIN REVOCATION OF POWER OF ATTORNEY

Use of this form is for the power of attorney of:

☐ - Health Care Powers

☐ - Financial Powers

☐ - Other: \_\_\_\_\_

I, \_\_\_\_\_ [name of principal], hereby immediately revoke those portions covering decisions of the document titled \_\_\_\_\_ [add title of document] that I previously executed on \_\_\_\_\_ [date], which had appointed \_\_\_\_\_ [name of agent] as my agent and \_\_\_\_\_ [name of alternate agent, if any] as my alternate successor agent. I hereby notify said agent(s) and any other interested persons that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ Print name of principal

\_\_\_\_\_ Signature of principal

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 Wisconsin )

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me

\_\_\_\_\_, a notary public, personally appeared

\_\_\_\_\_, proved on the basis of satisfactory evidence to

be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same.

\_\_\_\_\_  
Witness my hand and official seal.