

Power of Attorney Revocation Statement

Date: [Insert Date]

I, [Your Full Name], residing at [Your Address], hereby declare the revocation of the Power of Attorney granted to [Agent's Full Name], which was executed on [Date of Original Power of Attorney].

This revocation is effective immediately and serves to nullify any authority previously held by the aforementioned agent.

I request all concerned parties to acknowledge this revocation and take note that [Agent's Full Name] no longer has any power or authority to act on my behalf.

Signature: _____

[Your Printed Name]