

POWER OF ATTORNEY REVOCATION

Reference is made to certain power of attorney granted by
(Grantor) to _____ (Attorney-in-Fact), and
date _____, 20 ____ .

This document acknowledges and constitutes notice that the Grantor hereby
revokes,
rescinds and terminates said power-of-attorney and all authority, rights and power
thereto
effective this date.

Signed under seal this ____ day of _____, 20 ____ .

Grantor

Acknowledged:

STATE OF

COUNTY OF

On _____ before me, _____, personally
appeared _____,

personally known to me (or proved to me on the basis of satisfactory evidence) to be
the

person(s) whose name(s) is/are subscribed to the _____ within instrument and acknowledged
to me

that he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Affiant ___ Known ___ Unknown

ID Produced _____

(Seal)