REVOCATION OF POWER OF ATTORNEY

1. 1. Identification of the Principal

I, [PRINCIPAL FULL LEGAL NAME], date of birth [DATE OF BIRTH], residing at [STREET ADDRESS], [CITY], [COUNTY] County, State of [STATE], am the Principal who executed the power of attorney described in Section 2. I am of sound mind, I am acting of my own free will, and I am legally competent to revoke that document. I sign this Revocation voluntarily and without duress or undue influence from any person, including any person named as agent under the document being revoked.

2. 2. Identification of the Power of Attorney Being Revoked

I revoke the power of attorney described as follows: Type of document: [GENERAL / DURABLE / LIMITED OR SPECIAL / FINANCIAL / MEDICAL OR HEALTH CARE] Power of Attorney. Date signed: [DATE OF ORIGINAL POWER OF ATTORNEY]. Agent named: [AGENT FULL NAME], of [AGENT ADDRESS]. Successor or alternate agent named, if any: [SUCCESSOR AGENT FULL NAME], of [SUCCESSOR AGENT ADDRESS]. Notarized by: [NOTARY NAME, IF KNOWN]. Recorded, if applicable, in the office of the [COUNTY] County Recorder on [RECORDING DATE] as Instrument Number [INSTRUMENT NUMBER], Book [BOOK], Page [PAGE]. If the document being revoked cannot be located, this Revocation applies to any and all powers of attorney I have previously granted to the agent named above, of any type and whenever signed.

3. 3. Revocation of Authority

Effective as of [REVOCATION EFFECTIVE DATE], I fully and completely revoke, cancel, and terminate the power of attorney described in Section 2, together with all authority, powers, rights, and privileges granted under it to the agent and to any successor or alternate agent named in it. From the effective date, the former agent has no authority to act for me, to sign any document in my name, to access, transfer, pledge, or withdraw from any account, to make any purchase, sale, gift, or loan on my behalf, to bind me to any obligation, or to obtain any record or information about me. Any act taken by the former agent after the effective date and after that agent receives notice of this Revocation is unauthorized and does not bind me. Nothing in this Revocation invalidates any lawful act the former agent performed within the scope of the authority before the effective date.

4. 4. Scope of the Revocation

Select the applicable scope. [ ] FULL REVOCATION: this Revocation cancels the entire power of attorney described in Section 2 for all purposes. [ ] PARTIAL REVOCATION: this Revocation cancels only the following powers, and all other authority under the original document remains in effect: [DESCRIPTION OF POWERS BEING REVOKED]. [ ] REVOCATION AS TO ONE AGENT ONLY: this Revocation removes [AGENT NAME] as agent, and the authority of [REMAINING OR SUCCESSOR AGENT NAME] under the original document continues unchanged. I also revoke [ANY OTHER RELATED AUTHORIZATIONS, e.g., signature cards, medical release authorizations, online account access, safe deposit box access] granted to the former agent in connection with the power of attorney being revoked.

5. 5. Notice to the Former Agent

I direct that a copy of this Revocation be delivered to the former agent at [AGENT ADDRESS] by [DELIVERY METHOD, e.g., certified mail return receipt requested, personal delivery, or a nationally recognized overnight courier], and by email to [AGENT EMAIL] where an email address is known. The former agent is directed to immediately stop acting under the revoked power of attorney, to notify any third party the agent has dealt with on my behalf that the authority has ended, and to cease representing to any person that the agent holds authority for

me. Notice is effective on the earlier of actual receipt by the former agent or [NUMBER, e.g., 5] days after mailing to the address above.

6. 6. Notice to Third Parties and Institutions

I direct that a copy of this Revocation be delivered to each of the following institutions and persons that may hold a copy of the revoked power of attorney or may have relied on it: [BANK OR CREDIT UNION NAMES AND BRANCH ADDRESSES], [BROKERAGE OR RETIREMENT ACCOUNT PROVIDERS], [INSURANCE COMPANIES], [MORTGAGE SERVICER OR LENDER], [TITLE COMPANY OR ESCROW AGENT], [PHYSICIANS, HOSPITALS, OR CARE FACILITIES], [EMPLOYER OR BUSINESS PARTNERS], [TAX PREPARER OR ACCOUNTANT], [OTHER RECIPIENTS]. Each recipient is notified that the former agent no longer has authority to act for me and is directed to remove the former agent from all accounts, signature cards, access lists, and authorized-user records associated with me. Any person who deals with the former agent after receiving this notice does so without my authorization and at that person own risk.

7. 7. Return of Documents and Property

The former agent is directed to return to me, within [NUMBER, e.g., 10] days after receiving this Revocation, all originals and copies of the revoked power of attorney, together with all keys, cards, checkbooks, account statements, records, files, passwords, devices, and other property of mine in the possession or control of the former agent. The former agent is further directed to provide a written accounting of all acts taken and all funds or property received, held, disbursed, or transferred on my behalf under the power of attorney, covering the period from [ACCOUNTING START DATE] to the effective date of this Revocation. Delivery should be made to me at the address in Section 1 or to [ALTERNATE DELIVERY CONTACT AND ADDRESS].

8. 8. Appointment of a Successor Agent

Complete this Section only if you are naming a replacement. [ ] I am not appointing a replacement agent at this time, and I will act for myself in all matters previously covered by the revoked power of attorney. [ ] I have executed a new power of attorney dated [DATE OF NEW POWER OF ATTORNEY] naming [NEW AGENT FULL NAME], of [NEW AGENT ADDRESS], telephone [NEW AGENT PHONE], as my agent, and third parties should rely on that new document rather than on the revoked one. A copy of the new power of attorney [ ] is / [ ] is not attached to this Revocation. The appointment of a new agent does not limit the effect of this Revocation as to the former agent.

9. 9. Recording and Public Notice

If the revoked power of attorney was recorded in the real property records of any county, I direct that this Revocation be recorded in the same office and county so that the public record reflects the termination. Recording information for the original document appears in Section 2. This Revocation should be indexed against my name as Principal and against the name of the former agent. If the former agent has used the power of attorney in connection with real property located at [PROPERTY ADDRESS OR LEGAL DESCRIPTION], a copy of this Revocation should also be delivered to the title company, escrow agent, and lender associated with that property. Where required by the county, this Revocation should be accompanied by the applicable cover page and recording fee.

10. 10. Signature of the Principal

I have read this Revocation of Power of Attorney, I understand it, and I sign it voluntarily on [DATE] at [CITY], [STATE]. PRINCIPAL: [PRINCIPAL FULL LEGAL NAME]. Signature: _____. Printed Name: [PRINCIPAL FULL LEGAL NAME]. Address: [STREET ADDRESS, CITY, STATE, ZIP]. Telephone:

[PHONE]. Date: [DATE].

11. 11. Witnesses

The following witnesses state that the Principal signed this Revocation in their presence, that the Principal appeared to be of sound mind and free of duress or undue influence, and that each witness is at least eighteen years of age and is not the former agent, the new agent, or a person related to either of them. WITNESS 1: Signature: _____. Printed Name: [WITNESS 1 NAME]. Address: [WITNESS 1 ADDRESS]. Date: [DATE]. WITNESS 2: Signature: _____. Printed Name: [WITNESS 2 NAME]. Address: [WITNESS 2 ADDRESS]. Date: [DATE]. Complete this Section if the original power of attorney required witnesses or if your state requires [NUMBER] witnesses to revoke one.

12. 12. Notary Acknowledgment

STATE OF [STATE], COUNTY OF [COUNTY]. On [DATE], before me, the undersigned notary public, personally appeared [PRINCIPAL FULL LEGAL NAME], who proved to me on the basis of satisfactory evidence to be the person whose name is signed on this instrument, and acknowledged that the person signed it voluntarily for the purposes stated in it. I certify under penalty of perjury under the laws of the State of [STATE] that the foregoing is true and correct. Notary Public: _____. Printed Name: [NOTARY NAME]. My commission expires: [EXPIRATION DATE]. [Seal]. A notarized revocation is strongly recommended in every state, because banks and title companies routinely refuse to act on an unnotarized one.

13. Disclaimer

This template is provided for general informational purposes only and is not legal advice. Power of attorney rules are set by state law, and states differ on whether a revocation must be notarized or witnessed, how notice must be delivered, whether recording is required when the original was recorded, and how much protection a third party receives for acting in good faith before it learns of the revocation. Special rules apply where the principal has already been found incapacitated, where a court has appointed a guardian or conservator, or where the agent is a spouse in a pending divorce. If you suspect the former agent has misused the authority, contact a licensed attorney in your state promptly rather than relying on this form alone. Use of this template does not create an attorney-client relationship with ScanContract.