

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO

Notice of Revocation of Power of Attorney

I,	, of the City of	,
County of	, State of California, revoke	the power of
attorney dated	, empowering	
to act as my agent. In	evoke and withdraw all power and authority granted	d under that
power of attorney.		
That power of attorned	ey was recorded on,,	, with
Instrument Number _	, in the Official Records, County of	,
State of California.		
Dated:	,	
	Signature of Principal	
		_, Principal









Certificate of Acknowledgment of Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
State of California)) SS County of)
On, 20, before me,
personally appeared, who 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.
I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing is true and correct.
WITNESS my hand and official seal.
Notary Public for the State of California
[NOTARY SEAL] My commission expires:





