

Prepared by: _____

This space for recorder use only.

Revocation of Power of Attorney

KNOW ALL MEN BY THESE PREMISES

That I, _____, a resident of _____ County, _____, do hereby acknowledge that I executed a Power of Attorney appointing _____ as lawful attorney to manage my affairs. Be it further acknowledged that I, _____, being of sound mind and after explanations to me of the consequences of my actions, do hereby revoke, cancel, and make null and void the aforesaid Power of Attorney, instanter.

IN WITNESS WHEREOF, I have thereunto set my hand and seal the _____ day of _____, 20_____.

Signed, sealed and delivered in the presence of:

Witness Signature

Printed Name

Witness Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

STATE OF FLORIDA
COUNTY OF WALTON

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____, as identification and who did/did not take an oath.

Notary Public