

REVOCATION OF POWER OF ATTORNEY

KNOW ALL PERSONS:

THAT I, _____, currently residing at _____, hereby absolutely revoke, cancel, countermand, annul and make void a certain power of attorney dated _____, heretofore executed by me, wherein and whereby I did appoint _____ of _____ for the purpose in said power of attorney set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day, _____.

Signature

WITNESSED:

PRINT NAME: _____

PRINT NAME: _____

PRINT ADDRESS _____

PRINT ADDRESS: _____

ACKNOWLEDGEMENT

☐ With the United States Armed Forces at _____

☐ STATE OF _____, COUNTY OF _____, ss.

The foregoing instrument was acknowledged before me by _____ and the above named two witnesses, this _____ day of _____, _____. They were all identified by Armed Forces ID Cards.

☐ I do further certify that I am a person in the service of the U.S. Armed Forces authorized the general powers of a notary public under Title 10 U.S.C. 1044a and JAGMAN Chapter IX.

☐ A Notary Public

Print Name:
Notary Public