

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

Name _____

Address _____

City _____

State, Zip _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Power of Attorney executed by _____, on _____ and recorded as Instrument Number _____ of the Official Records of _____ County, State of California, by which _____ constituted _____

Attorney for the purpose in said Power of Attorney set forth, is hereby revoked, cancelled and annulled.

Dated: _____

STATE OF CALIFORNIA }ss
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.

NOTARY SIGNATURE

SPACE ABOVE RESERVED FOR NOTARY SEAL