

# Revocation of Power of Attorney

**NOTICE IS HEREBY GIVEN TO** the Agents(s) and third parties who received, retained and acted upon, a certain **Power of Attorney, signed by** (the “Principal”) on \_\_\_\_\_ 20 \_\_\_\_\_ designating \_\_\_\_\_ as my Agent(s),

**THAT I HEREBY REVOKE** that Power of Attorney and all the power and authority granted by that Power of Attorney, effective on the date of my signature below.

**Date of signature:** \_\_\_\_\_ 20 \_\_\_\_\_

Principal signs here → \_\_\_\_\_

*Notice sent to the following:*

State of New York, County of \_\_\_\_\_

ss.:

**ACKNOWLEDGMENT**

On \_\_\_\_\_ before me, the undersigned, personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
*(signature and office of person taking acknowledgment)*

**AFFIDAVIT OF SERVICE**

STATE OF NEW YORK, COUNTY OF

ss.:

I, the undersigned, being sworn, say: I am over 18 years of age and reside at

On

I served the within Revocation of Power of Attorney

**Service By Mail** } by mailing a copy to each of the following persons at the last known address set forth after each name below.

**Personal Service on Individual** } by delivering a true copy personally to each person named below at the last known address set forth after each name below.

**Service by Electronic Means** } by transmitting a copy to the following persons by  FAX at the telephone number set forth after each name below  E-MAIL at the E-Mail address set forth after each name below.

**Overnight Delivery Service** } by dispatching a copy by overnight delivery to each of the following persons at the last known address set forth after each name below.

(If more than one box is checked—indicate after each name the type of service used.)

Check Applicable Box

PREVIEW

Sworn to before me on

\_\_\_\_\_

THE NAME SIGNED MUST BE PRINTED BENEATH

**REVOCATION OF POWER OF ATTORNEY**

Principal

Service of a copy of the Revocation of Power of Attorney admitted.

Dated

20

\_\_\_\_\_

Print name \_\_\_\_\_