POWER OF ATTORNEY REVOCATION FORM

STATE OF _____§

COUNTY OF _____§

THE UNDERSIGNED HEREBY DECLARES THAT

I, _____ with a mailing address of _____

City of _____ State _____ hereby revoke all Powers of Attorney executed prior to _____ made by me and appointing _____ as my Attorney-in-Fact, and _____ as my successor Attorney(s)-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand on this the _____ day of _____ 20_____.

_____

Signature of Principal

The foregoing Revocation was signed by _____ in our presence, and we, at her request and in her presence, and in the presence of each other, each of us being over the age of 18 years, have hereunto subscribed our names as Witnesses on this the _____ day of _____ 20 _____.

_____

Signature of Witness_____ Signature of Witness

_____

STATE OF _____§

COUNTY OF _____ _____§

BEFORE ME, the undersigned authority, on this day personally appeared _____ who, having been duly sworn, states that he/she is executing this Revocation in the presence of the Witness(es) as shown above and for the purposes therein expressed.

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED BEFORE ME by _____ and by the said Witness(es) _____ and _____ on this _____ day of _____ 20_____.

_____

Notary Public

_____

Print Name

(seal)