

# Revocation of Power of Attorney

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## REVOCAION OF POWER OF ATTORNEY

### 1. PARTIES

- 1.1 Principal: [PRINCIPAL NAME], residing at [ADDRESS], [CITY], [STATE] [ZIP] ("Principal").
- 1.2 Former Agent(s): [AGENT NAME(S)], residing at [AGENT ADDRESS], [CITY], [STATE] [ZIP] ("Agent").

### 2. RECITALS

- 2.1 On or about [ORIGINAL POA DATE], the Principal executed a Power of Attorney instrument titled "[TITLE OF ORIGINAL POA]" (the "Original Power of Attorney").
- 2.2 The Principal desires to revoke and terminate the Original Power of Attorney in its entirety effective as of the Effective Date set forth below.

### 3. REVOCATION

- 3.1 Revocation. The Principal hereby revokes, terminates, and cancels the Original Power of Attorney executed on [ORIGINAL POA DATE], including any and all powers, authorities, and appointments contained therein, effective as of [EFFECTIVE DATE] (the "Effective Date"). This revocation is unconditional and applies to all agents and successors named in the Original Power of Attorney unless specifically stated otherwise.
- 3.2 Scope. This Revocation terminates any and all durable, general, limited, financial, medical, health care, or other powers previously granted under the Original Power of Attorney, except as otherwise provided by law or by a subsequently executed Power of Attorney.

### 4. IDENTIFICATION OF INSTRUMENTS

- 4.1 Identification. For clarity, the Original Power of Attorney is further identified by: title [TITLE OF ORIGINAL POA]; executed on [ORIGINAL POA DATE]; witnessed by [WITNESS NAMES], and/or notarized in [COUNTY], [STATE].

### 5. NOTICE TO AGENT

- 5.1 Notice. The Principal directs that notice of this Revocation be given immediately to the Agent(s) named in the Original Power of Attorney. The Principal declares that, upon delivery of this Revocation, the Agent shall have no further authority to act on behalf of the Principal effective as of the Effective Date.
- 5.2 Acknowledgment Request. The Principal may request written acknowledgment from the Agent that the Agent has received this Revocation and ceased acting as agent.

### 6. NOTICE TO THIRD PARTIES

- 6.1 Third-Party Reliance. All banks, financial institutions, health care providers, government agencies, corporations, and other third parties are hereby notified that the authority of the Agent under the Original Power of Attorney has been revoked as of the Effective Date.
- 6.2 Instruction to Third Parties. Third parties are directed to refuse to accept or rely upon any instruments or actions by the Agent taken after the Effective Date and to accept notice of this Revocation as conclusive evidence of termination of authority.

### 7. RETURN OF DOCUMENTS

- 7.1 Return or Destruction. The Principal requests that any originals, copies, or records of the Original Power of Attorney in possession of the Agent or third parties be returned to the Principal at the address listed above or destroyed, and that a written confirmation of such return or destruction be provided to the

Principal upon request.

## **8. REPRESENTATIONS AND WARRANTIES**

8.1 Capacity. The Principal represents and warrants that at the time of executing this Revocation, the Principal is of sound mind and has the legal capacity to revoke the Original Power of Attorney.

8.2 No Other Restrictions. To the best of the Principal's knowledge, there are no court orders, agreements, or legal proceedings that prevent or restrict the Principal from executing this Revocation.

## **9. INDEMNIFICATION**

9.1 Indemnity. The Principal agrees to indemnify and hold harmless any third party who, in good faith, acts in reliance upon this Revocation or upon the Principal's written direction, provided such third party has not received prior notice of any contrary authority.

## **10. EFFECT OF SUBSEQUENT OR PRIOR DOCUMENTS**

10.1 Prior Documents. This Revocation supersedes any prior oral or written revocations of the Original Power of Attorney executed by the Principal, except as expressly provided herein.

10.2 Subsequent Powers. This Revocation does not affect any Power of Attorney executed after the Effective Date unless such subsequent instrument expressly revokes prior instruments.

## **11. GOVERNING LAW**

11.1 Governing Law. This Revocation shall be governed by and construed in accordance with the laws of the State of [STATE], without regard to conflicts of law principles.

## **12. SEVERABILITY**

12.1 Severability. If any provision of this Revocation is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall continue in full force and effect.

## **13. CERTIFICATION BY PRINCIPAL**

13.1 Certification. By signing below, the Principal certifies under penalty of perjury under the laws of the State of [STATE] that the statements made in this Revocation are true and correct and that the Principal intends to revoke the Original Power of Attorney as set forth herein.

## **14. DELIVERY**

14.1 Delivery to Agent and Third Parties. The Principal will (A) provide a copy of this Revocation to the Agent at [AGENT ADDRESS]; (B) provide copies to third parties known to the Principal that may have reliance on the Original Power of Attorney; and (C) record or file this Revocation if required by applicable law or as the Principal deems appropriate.

## **15. SIGNATURES**

IN WITNESS WHEREOF, the Principal executes this Revocation of Power of Attorney on this [DATE].

### **PRINCIPAL:**

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[PRINCIPAL NAME]

Date: [DATE]

WITNESSES (if required by state law):

Witness 1:

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[WITNESS 1 NAME]

Address: [WITNESS 1 ADDRESS]

Date: [DATE]

Witness 2:

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[WITNESS 2 NAME]

Address: [WITNESS 2 ADDRESS]

Date: [DATE]

## 16. NOTARY ACKNOWLEDGMENT

(State of [STATE])

(County of [COUNTY])

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, [NOTARY PUBLIC NAME], a Notary Public in and for said State, personally appeared [PRINCIPAL NAME], known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged to me that he/she executed the same for the purposes stated herein.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

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Notary Public

(Print Name: [NOTARY PUBLIC NAME])

My Commission Expires: [COMMISSION EXPIRATION DATE]

Optional Instructions/Notes:

- Attach or include a copy of the Original Power of Attorney identifying information if available.
- Deliver copies of this Revocation to any institution or person who relied upon the Original Power of Attorney (banks, investment firms, health care providers, Social Security Administration, etc.).
- Consult an attorney if the Original Power of Attorney was recorded, filed with a court, or if there is concern about the Principal's capacity or competing claims.

## END OF DOCUMENT

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