

Real Estate Power of Attorney Revocation Form

Principal Information

Name

Address

City

State

Zip Code

Agent Information

Name of Agent/Attorney-In-Fact

Address

City

State

Zip Code

Revoked Power of Attorney Details

Date of Original Power of Attorney

Property Address

City

State

Zip Code

I, the undersigned, hereby revoke the Power of Attorney previously granted to the agent named above concerning the property described, effective immediately.

Principal's Signature

Date

Notary Acknowledgment

Notary Public

Commission Expiration Date