DELAWARE REVOCATION OF POWER OF ATTORNEY

I,(y	our name), of	(your town), Delawa	re, hereby	
revoke any and all Powers of At	torney and all authority to act	as my Agent given to		
	(Agent's name). Fr	om this date forward, my form	er Agent	
has no authority to handle my p	personal or financial affairs. U	Jnder § 49A-110, my former A	gent must	
comply with this revocation. This	document serves as notice	of the revocation to the Agent a	and to all	
parties that receive it. A photoco	py has the same effect as th	e original.		
The foregoing Revocation was s	igned by	in our presenc	e, and we,	
at her request and in her presen	ce, and in the presence of ea	ach other, each of us being ove	er the age	
of 18 years, have hereunto subs	cribed our names as Witness	ses on this the da	ay of	
, 20			•	
Witness		Witness		
Street Address		Street Address		
Street Address		Street Address		
City, State, and ZIP		City, State, and ZIP		
TATE OF DEL AWARE				
STATE OF DELAWARE				
COUNTY OF				
BEFORE ME, the undersigned at	ithority on this day personal	ly anneared		
TEI ONE ME, the undersigned at			ie ovocutina	
his Revocation in the presence o		-	_	
expressed.	THE TWO WITHESSES AS SHOW	if above and for the purposes	uiciciii	
expressed.				
SWORN TO, SUBSCRIBED AND	ACKNOWLEDGED BEFO	RE ME by	and by the	
aid witnesses				
, 20	and	, 5.1 (110	aay o	
, 				
		Notary Public, State of		

