

IDAHO REVOCATION OF POWER OF ATTORNEY

I, _____ (your name), of _____ (your town), Idaho, hereby **revoke** any and all Powers of Attorney and all authority to act as my Agent given to _____ (Agent's name). From this date forward, my former Agent has **no authority** to handle my personal or financial affairs. Under Idaho Statute § 15-12-110, my former Agent must comply with this revocation. This document serves as notice of the revocation to the Agent and to all parties that receive it. A photocopy has the same effect as the original.

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____.

Witness

Witness

Street Address

Street Address

City, State, and ZIP

City, State, and ZIP

STATE OF IDAHO

COUNTY OF _____

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

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED BEFORE ME by _____ and by the said witnesses _____ and _____, on this _____ day of _____, 20____.

Notary Public, State of _____