## INDIANA REVOCATION OF POWER OF ATTORNEY

I,	(your name), of	(your town), Indiana, hereby
revoke	any and all Powers of Attorney and all authority to act a	as my Agent given to
	(Agent's name). Fro	m this date forward, my former Agent
has <b>no</b>	authority to handle my personal or financial affairs. Ur	nder Indiana Code 30-5-10-1, my
former	Agent must comply with this revocation. This document	t serves as notice of the revocation to
the Age	ent and to all parties that receive it. A photocopy has the	e same effect as the original.
The for	egoing Revocation was signed by	in our presence, and we,
at her re	equest and in her presence, and in the presence of eac	ch other, each of us being over the age
of 18 ye	ears, have hereunto subscribed our names as Witnesse	es on this the day of
	, 20	

Witness

Street Address

City, State, and ZIP

City, State, and ZIP

Witness

Street Address

## STATE OF INDIANA

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, S	JBSCRIBED AND ACKNOWLEDGED BEFORE ME by _	and by the	
said witnesses	and	, on this _	day of
	, 20		

Notary Public, State of \_\_\_\_\_