NORTH DAKOTA REVOCATION OF POWER OF ATTORNEY

In Accordance to ND Ch. 30.1-30 "Uniform Durable Power of Attorney Act"

| l, | (your na | ame), of | (your town), | | |
|--------------------------------|------------------|-------------------------------|---------------------------|--|--|
| North Dakota, hereby | revoke any and | all Powers of Attorney | and all authority to act | | |
| as my Agent given to | | | (Agent's name). | | |
| From this date forwar | d, my former Age | ent has no authority t | o handle my personal or | | |
| financial affairs. Unde | r Chapter 30.1-3 | 0, my former Agent m | ust comply with this | | |
| revocation. This docu | ment serves as r | notice of the revocation | n to the Agent and to all | | |
| parties that receive it. | A photocopy has | s the same effect as th | ne original. | | |
| The foregoing Revoca | in our | | | | |
| presence, and we, at | her request and | in her presence, and i | n the presence of each | | |
| other, each of us beir | g over the age o | f 18 years, have here | unto subscribed our | | |
| names as Witnesses on this the | | day of | , 20 | | |
| | | | | | |
| | | | | | |
| Witness | | | Witness | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City, State, and ZIP | | C | City, State, and ZIP | | |



Notary Public, State of _____

| STATE OF NORTH DAKOTA | | |
|---|------------------------------------|----------------|
| COUNTY OF | | |
| BEFORE ME, the undersigned authority, | on this day personally appeared | |
| (princ | ipal), who, having been duly sworn | ı, states that |
| she is executing this Revocation in the pre | esence of the two Witnesses as sh | own above |
| and for the purposes therein expressed. | | |
| | | |
| SWORN TO, SUBSCRIBED AND ACKNO | OWLEDGED BEFORE ME by | |
| and by the said with | nesses | and |
| , on this _ | day of , | 20 |
| | | |
| | | |