**RHODE ISLAND REVOCATION OF POWER OF ATTORNEY**

**In Accordance to Rhode Island § 18-16-7**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your name), of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your town), Rhode Island, 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 , 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\_\_\_.

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| --- | --- | --- |
|  |  |  |
| Witness |  | Witness |
|  |  |  |
| Street Address |  | Street Address |
|  |  |  |
| City, State, and ZIP |  | City, State, and ZIP |

**STATE OF RHODE ISLAND**

**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 \_\_\_\_\_\_\_\_\_\_\_\_