## SOUTH DAKOTA REVOCATION OF POWER OF ATTORNEY

## In Accordance to SD Ch. 59-7

(your name), of		(your town),	
South Dakota, hereby <b>revoke</b> any and	all Powers of Attorney ar	nd all authority to act	
as my Agent given to (A		(Agent's name).	
From this date forward, my former Age	nt has <b>no authority</b> to ha	andle my personal or	
financial affairs. Under SD Title 59-7, n	ny former Agent must cor	nply with this	
revocation. This document serves as n	otice of the revocation to	the Agent and to all	
parties that receive it. A photocopy has	the same effect as the o	riginal.	
The foregoing Revocation was signed by		in our	
presence, and we, at her request and i	n her presence, and in th	e presence of each	
other, each of us being over the age of	18 years, have hereunto	subscribed our	
names as Witnesses on this the	es as Witnesses on this the day of		
Witness		Witness	
Street Address	Stre	Street Address	
City, State, and ZIP	City, S	City, State, and ZIP	



STATE OF SOUTH DAKOTA		_
COUNTY OF		
BEFORE ME, the undersigned authority, o	on this day personally	/ appeared
(princi	oal), who, having bee	en duly sworn, states that
she is executing this Revocation in the pre	sence of the two Wit	nesses as shown above
and for the purposes therein expressed.		
SWORN TO, SUBSCRIBED AND ACKNO	WLEDGED BEFOR	RE ME by
and by the said witnesses		and
, on this	day of	, 20
	Notary Public, State of	