

VIRGINIA REVOCATION OF POWER OF ATTORNEY

In Accordance with the VA Uniform Power of Attorney Act

I, _____ (your name), of _____ (your town),
Virginia, 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 § 64.2-1608, 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 VIRGINIA

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 _____