

Washington Revocation of Durable Power of Attorney for

Finances

Health Care

I, _____, hereby revoke the Durable Power of Attorney I gave to

_____.

Signature

Date

Notarization (optional)

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on _____.

SIGNATURE OF NOTARY

PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington.

My commission expires _____.

Power of Attorney Revocation

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