**RECORDING REQUESTED BY:**

_____

_____

**WHEN RECORDED MAIL TO:**

Name _____

Address _____

City _____

State, Zip _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Power of Attorney executed by _____ _____, on _____ and recorded as Instrument Number _____ of the Official Records of _____ County, State of California, by which _____ constituted _____ _____

Attorney for the purpose in said Power of Attorney set forth, is hereby revoked, cancelled and annulled.

Dated: _____

STATE OF CALIFORNIA }
COUNTY OF _____ }ss

On _____ before me

_____, Notary Public,

personally appeared _____

_____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

_____

_____

_____

_____

SPACE ABOVE RESERVED FOR NOTARY SEAL