RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY STATE & ZIP

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the					Power of Attorney					
executed by										or
	and re	cordeo	d as l	nstrume	nt #					or
of					Cour	nty, S	State of	- Califori	nia by	which
cc	nstituted	k								
Attorney for the purpose in said Power of Attorney se	et forth, is	s here	by wh	olly revo	oked, ca	ncel	ed and	annulle	d.	
Dated	_									
A notary public or other officer completing this certificate verifies only the identity of the individual										
who signed the document to which this certificate is										
attached, and not the truthfulness, accuracy, or validity of that document.										
STATE OF										
COUNTY OF} SS										
On	_ before	me, _							, Notar	y Public
personally appeared who proved to me on the basis of satisfactory evidence to be the	person(s)	whose r	name(s)	is/are su	oscribed to	o the	within ins	trument a	nd ackn	owledged
to me that he/she/they executed the same in his/her/their authoriz or the entity upon behalf of which the person(s) acted, executed th	ed capacit	ty(ies), a								

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_____