| State of Nevada |  |
| --- | --- |
| **NEVADA REVOCATION OF POWER OF ATTORNEY** | |

WHEREAS, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Principal], of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address], executed a (Check one):

☐ Financial Power of Attorney

☐ Medical Power of Attorney

(☐ recorded as Instrument No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [County], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [State]) empowering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Agent] to act as my true and lawful attorney-in-fact to handle my financial affairs should I become incapacitated and unable to do so myself (the “Power of Attorney”).

NOW THEREFORE, I hereby give notice that I, being of age and sound mind, revoke and rescind the Power of Attorney pursuant to (Check one):

☐ Revoking a Financial Power of Attorney: NV Rev Stat § 162A.270.  
☐ Revoking a Medical Power of Attorney: NV Rev Stat § 162A.270.

As such, all power and authority granted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Agent] under the Power of Attorney is hereby terminated.  
  
IN WITNESS WHEREOF, I have signed my name below on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| **Principal** Signature |  | **Principal**Name |

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

(You may use acknowledgment before a notary public instead of the statement of witnesses.)  
  
State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ }

       }ss.

County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ }  
  
On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, in the year \_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Notary Public] personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Principal] personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

NOTARY SEAL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Signature of Notary Public)