

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 _____ on the _____ day of _____ and recorded in Book _____, at Page _____ of _____ of _____ County, State of _____ by which _____ constituted _____ Attorney for the purpose in said Power of Attorney set forth, is hereby wholly revoked, canceled and annulled.

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 California

County of _____

On _____ before me _____, (here insert name and title of the officer), 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 _____ (Seal)

Title Order No. _____ Escrow No. _____ APN No. _____