

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY  
STATE & ZIP

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## REVOCATION OF POWER OF ATTORNEY

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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 \_\_\_\_\_

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. \_\_\_\_\_