

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY  
STATE & ZIP

TITLE ORDER NO.

ESCROW NO.

APN NO.

**REVOCATION OF POWER OF ATTORNEY**

The Power of Attorney executed by \_\_\_\_\_  
dated \_\_\_\_\_, recorded \_\_\_\_\_, as Instrument No. \_\_\_\_\_,  
Official Records of \_\_\_\_\_ County, State of \_\_\_\_\_  
empowering \_\_\_\_\_  
to act on the undersigned's behalf is hereby wholly revoked and withdrawn.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

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 \_\_\_\_\_,  
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 \_\_\_\_\_ (Seal)