

RECORDING REQUESTED BY:

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REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Power of Attorney executed by _____, on _____ and recorded as Instrument Number _____ of the Official Records of _____ County, State of California, by which _____ constituted _____

Attorney for the purpose in said Power of Attorney set forth, is hereby revoked, cancelled 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 _____

County of _____

On _____ before me

_____, Notary Public,

personally appeared _____

SPACE BELOW RESERVED FOR NOTARY SEAL

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

